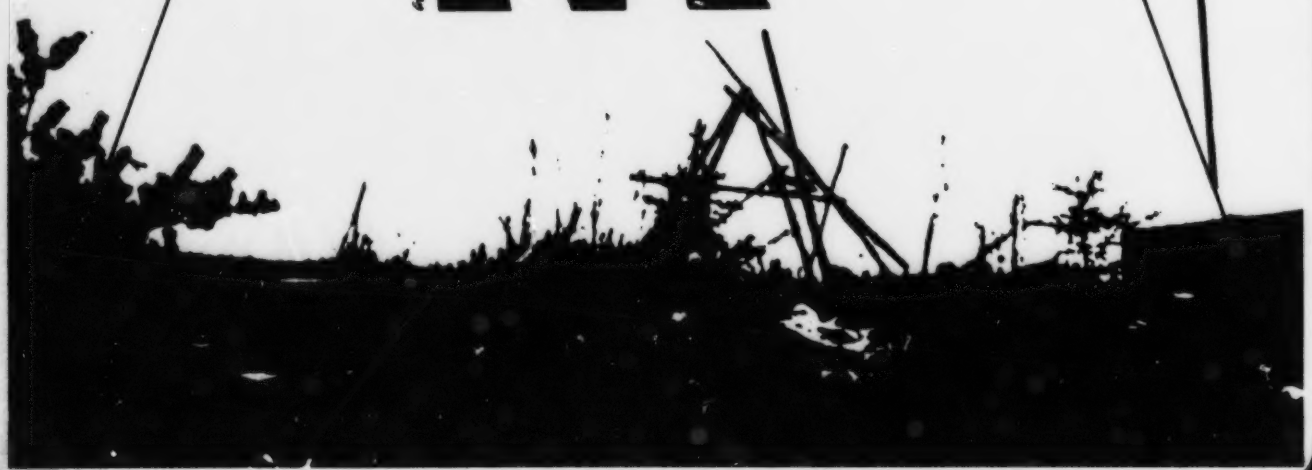

Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

1985-86

ANNUAL REPORT

OF THE

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

JUNE 1986

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INTRODUCTION

The James Bay and Northern Quebec Agreement, signed on November 11, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees (of Québec), anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978, dated April 20, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services, as defined by the Act, can also maintain public establishments in one or more of the following four (4) categories:

Local Community Services Centre
Hospital Centre
Social Services Centre
Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers three public establishments, as well as seven Community Clinics situated in each Cree community of Region 10-B:

PUBLIC ESTABLISHMENTS:

CHISASIBI HOSPITAL
Chisasibi
James Bay (Québec)
J0M 1E0
Tel.: (819) 855-2844

CREE SOCIAL SERVICES CENTRE
Chisasibi
James Bay (Québec)
J0M 1E0
Tel.: (819) 855-2844

WEESAPOU RECEPTION CENTRE
Chisasibi
James Bay (Québec)
J0M 1E0
Tel: (819) 855-2681

COMMUNITY CLINICS:

Community Clinic of Whapmagoostui
Whapmagoostui
Hudson Bay (Québec)
J0M 1G0
Tel.: (819) 929-3307

Community Clinic of Wemindji
Wemindji
James Bay (Québec)
J0M 1L0
Tel.: (819) 978-0225

Community Clinic of Waskaganish
Waskaganish
James Bay (Québec)
J0M 1R0
Tel.: (819) 895-8833

Community Clinic of Waswanipi
Waswanipi (Québec)
J0Y 3C0
Tel.: (819) 753-2531

Community Clinic of Mistassini
Mistassini Lake, Baie du Poste
Via Chibougamau (Québec)
G0W 1C0
Tel.: (819) 923-3376

Community Clinic of Eastmain
Eastmain
James Bay (Québec)
J0M 1W0
Tel.: (819) 977-0241

Community Clinic of Nemaska
Champion Lake
C/O Camp Nemiskau (Québec)
J0Y 3B0
Tel.: (819) 673-2511

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE BOARD OF DIRECTORS
FROM APRIL 1, 1985 TO MARCH 31, 1986

One representative for each of the different Cree communities of the region usually served by the Regional Board, elected for three years from among and by the members of the community which he/she represents:

. (vacant) (1)
- Waskaganish representative

. Mr. James Neacappo
- Chisasibi representative

. Mrs. Vera George (2)
- Whapmagoostui representative

. Mrs. Mary MacLeod
- Mistassini representative

. Mrs. Maggie Minister (3)
- Nemaska representative

. Mrs. Lily Sutherland (4)
- Waswanipi representative

. Mr. Reggie Mark
- Wemindji representative

. Mr. Norman Cheezo
- Eastmain representative and Vice-Chairman

(1) Office left vacant by Mr. Albert Diamond on September 27th, 1985.

(2) Elected on June 3rd, 1985 - replaces Mr. John Petagumskum whose term of office expired on April 19, 1983.

(3) Elected on September 3, 1985 - replaces Mr. Isaac Meskino whose term of office expired on April 19, 1985.

(4) Elected on August 30, 1985 - replaces Mr. John Kitchen whose term of office was to expire on April 19, 1986.

One Cree representative elected for three years by the Cree Regional Authority:

. Mr. Steven Bearskin (1)
  - Chairman of the Board of Directors

(1) Appointed on July 12, 1985 - replaces Mr. Henry Mianscum whose term of office expired on April 19, 1984.

Three representatives elected for three years from among and by the persons who are members of the clinical staff of any establishment of the said Region, with a maximum of one representative for each professional corporation:

. Dr. Gordon Magonet (1)
  - Physician

. Mr. Sydney Fortchimo (2)
  - Community Worker

. Mrs. Monique Villeneuve
  - Director of the Community Clinics

(1) Re-elected on November 15th, 1985 - his term of office will expire on April 19, 1988.

(2) Elected on November 15th, 1985 - his term of office will expire on April 19, 1986.

One representative elected for three years among and by the members of the non-clinical staff of any establishment of the said Region:

. Mr. George Pachanos
  - Director of Auxiliary Services

The Director of the Community Health Department of a Hospital Centre, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority shall appoint such person if there is more than one such centre:

. Mr. Pierre-Paul Mercier
  - Director of Finance at the Montreal General Hospital

The General Manager of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the General Managers:

. Mr. Pierre Pichette
  - General Manager of the CBHSSJB since May 14, 1984

There have been six (6) meetings of the Board of Directors during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE ADMINISTRATIVE COMMITTEE
AS OF MARCH 31st, 1986

. Mr. Steven Bearskin (Chairman)

. Mr. Pierre Pichette

. Mr. James Neacappo

. Mrs. Maggie Minister

. Mr. George Pachanos

. Mr. Pierre-Paul Mercier

There have been three (3) meetings of the Administrative Committee during the period covered by the present report.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MEMBERS OF THE AUDIT COMMITTEE
AS OF MARCH 31st, 1986

. Mr. Pierre-Paul Mercier

. Mr. James Neacappo

. Mrs. Vera George

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
MANAGERIAL PERSONNEL
AS OF MARCH 31st, 1986

General Manager	Mr. Pierre Pichette
Assistant General Manager	Mr. Steven Bearskin
Assistant General Manager - Health Services	Mr. Michel Plouffe
Director of Nursing	Mrs. Liette Céré
Director of the Community Clinics	Miss. Monique Villeneuve
Assistant Director - Community Clinics	Mrs. Lucie Faucher
Administrative Coordinator (Inland)	Mr. Daniel Beauvais
Head of Patient Services - Val d'Or	Mrs. Thérèse Snyder
Coordinator of Community Health Programs	Mr. Hermès Cornejo
Coordinator of Nursing	Mr. André Thibodeau
Coordinator of Nursing	Miss. Françine Sigouin
Director of Professional Services	(vacant)
Head of Medical Records	Mrs. Monique Laferrière
Head of Pharmacy	Mr. Emmanuel Laborde
Assistant General Manager - Social Services	Mr. Fernand Filion
Consultant/Dir. of Professional Services	Mrs. Maryanne Pentick
Group Home Coordinator	Mr. Arnold Devlin
Director of Youth Protection	Mr. Abraham Bearskin
Assistant General Manager - Administrative Services	Mr. Richard Vézina
Director of Finance	Mr. Laurence Potter
Assistant Director of Finance	Mr. Reynald Gougeon
Head of Purchasing	Mr. Morley McKee
Director of Auxiliary Services	Mr. George Pachanos
Head of Maintenance	Mr. Roderick Matches
Head of Dietary	Mrs. Nellie House
Director of Human Resources	Mrs. Marie-Andrée Bourdeau
Personnel Management Consultant	Mr. Michel DeVos
Consultant Planning, Program., Research	Mr. Richard St-Jean

GENERAL MANAGER'S REPORT

1985-86 at the Cree Board of Health and Social Services of James Bay was first and above all a year for consolidating experience at the social, health and administrative services level as well as the more global level which is the management of the Cree Board of Health.

All the direct services provided to the population were maintained, even increased. An enormous effort to rationalize our activities was provided and this, at the research, administrative devolution, development of management policies and procedures level as well as at the level of an elaboration of a (1986-89) triennial programming of our activities.

Research on the psycho-social and physical health condition of region 10-B's population

The Cree Board of Health and Social Services of James Bay, after eight years of existence, had to be well aware of the psycho-social and physical health condition of the population it is servicing. Thus, numerous researches were done; mainly the following: Study on the health status of the population, Study and report on the dental health of Crees, Mercury surveillance programme, Pregnant women's perception on the delivery procedures, Health status and risk factors, Study on the future of the Chisasibi Hospital Centre, Study on the needs of the Social Services, Study on the Youth Protection Act, Study on Law 27, its regulation and its application to our establishment.

These studies were of utmost importance for us in the preparation of our triennial programming and in the justification of our budgetary requests to the Ministry of Health and Social Services.

Devolution

The Cree Board of Health and Social Services of James Bay's territory is huge, as everyone knows. It is therefore very difficult, indeed amlost impossible, to manage it all from a central area based in Chisasibi.

Thus, we began, in 1985-86, an administrative devolution experience by creating a position of Administrative Coordinator based in Mistassini. The authority of the said Coordinator extends to the communities of Nemaska, Waswanipi, Mistassini and soon to the community of Oujé-Bougoumou.

This experience will continue in 1986-87 as two other managerial positions will be transferred to Mistassini, that is those who come under Health Services and Social Services.

As can also be noticed in our triennial programming, this team of administrators forms the embryo of a C.L.S.C. structure which we should be able to implement in 1987-88.

Policies and procedures

The Cree Board of Health and Social Services of James Bay finally managed to elaborate a systematic list of policies and procedures to direct all of its activities, and this, at the level of the Finance, Human Resources and Auxiliary Services Departments as well as the Health Services and Social Services. These policies and procedures deal with all our control and management activities, and this, on all levels.

The coming year will therefore witness the consolidation and the implementation of these policies and procedures which appear to be responsible for the increase in the quality of our management.

1986-89 Triennial programming

If there is an activity achieved in 1985-86 which is the bearer of hope as regards the improvement of our services to the population, it is without doubt the realization of our 1986-89 programming.

This programming, supported by the studies listed earlier, as regards the state of the population's needs, on our history and on the present state of our development, taking into account our mandate and our mission to increase the population's quality of life, proposes, from leading prevention, participation, take over, nativism and devolution principles, to develop our services during the next three years and this, by taking the available resources into consideration.

This programming will be distributed shortly to all the main intervenors and we will then be able to judge its relevance.

Investigating commission on the health services and social services (Rochon Commission)

The situation of the Cree Board of Health and Social Services of James Bay is greatly improving, which by the way, we will be able to notice throughout the present annual report. However, this improvement obviously does not mean that we do not have any problems.

The problems we are experiencing at the Cree Board of Health and Social Services of James Bay are sufficiently serious for us to reconsider our experience from the past eight years. This problematic is partly due to our northern and cross-cultural nature and is partly of an economic nature. The economic nature originates from the critical state all the social and health services network of Québec is now going through, as is the case for North America and Europe.

To this effect, the Ministry of Health and Social Services has set up an investigating commission, chaired by Mr. Jean Rochon. This commission should come to Chisasibi on the week of August 11th, 1986.

The principal representation we will have, after a brief history and a status of the situation, deals with the standardization of our budgetary structure, on the reproach for non-completion of the 1984-87 development plan and mainly on the non respect by the Ministry of Health and Social Services of Section 14.0.19 of the James Bay and Northern Quebec Agreement, which is summarized hereafter.

It is therefore a must that on a very short term basis, serious negotiations be started in order for us to have our place within the network, that the policies, norms and procedures become functional and that they be respectful of our specificity. On a very short term basis, we must be free of the peripheral regions' management in order to belong to a distinct "northern" management directly under the supervision of the appointed Deputy Minister.

The Ministry of Health and Social Services is thus not honouring, in respect to the benefits granted to our employees, what is meant and what is written in Article 14.0.19 of the Agreement. An immediate negotiation should be started so that the recruiting of all professional categories, which is becoming more and more difficult, be facilitated through the granting of benefits which are sufficiently interesting on the one hand, to attract them here and on the other hand, to keep them between three to five years. Our establishment will not be able to support this permanent crisis situation for much longer.

The Ministry of Health and Social Services is also not respecting what is meant and what is written in paragraph b) of Article 14.0.19 of the Agreement as regards nativism. To this effect, immediate negotiations should also be started. This deals with the future of our society, its health and social services.

We wish to give the alert ... if nothing is done on a very short term basis to remedy to the serious problems we described earlier, our still shaky acquisitions may be seriously even definitely compromised.

Pierre Pichette

HEALTH SERVICES' ACTIVITY REPORT

HEALTH SERVICES' ACTIVITY REPORT

A word from the Assistant General Manager - Health Services;

As Assistant General Manager - Health Services, I have the pleasure, for a second year in a row, to submit to the Cree population a summary of the activities realized in the various sectors of the health services.

A great deal of time, energy and efforts were spent by our managerial personnel on an administrative consolidation of the management units. In addition to the daily requirements, our directors as well as their respective team members were asked to write and elaborate, among other things, policies and procedures, a triennial programming and planning of their activities as well as professional integration and training projects.

The accomplished work came within the scope of service improvements in the hopes of increasing their quality and their quantity to thus benefit people from region 10-B. It is still too soon to measure the impact of the efforts incurred, however, we expect to benefit from the results in the coming year.

I am thus inviting you to leaf through the following reports which will give you a general overview of the specific activities accomplished by our health services.

Michel Plouffe

COMMUNITY HEALTH CLINICS

The Community Health Clinics' management team remained stable in 1985-86. Mrs. Monique Villeneuve held the position of Director and was seconded by Mrs. Lucie Faucher. They were responsible for the dispensation of nursing care in the following communities: Whapmagoostui, Wemindji, Eastmain, Waskaganish, Nemaska, Waswanipi and Mistassini.

Since March 1986, the hiring of an Administrative Coordinator, whose place of residence is Mistassini, has considerably reduced the administrative tasks of the Director of the Community Health Clinics as far as the communities of Mistassini, Waswanipi and Nemaska are concerned. This additional managerial position allows the management team to accentuate even more their interventions as regards the professional supervision of their employees.

The few charts which follow will give you a quantitative overview of the work accomplished in the different communities.

I OUTPATIENT CLINIC AND EMERGENCY

The following chart represents the number of persons who come to the Outpatient Clinic, during regular working hours, and to the Emergency, outside regular working hours.

	NUMBER OF PERSONS PER PERIOD													
COMMUNITY	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
Chisasibi	1148	784	1154	1326	1174	1427	1286	1388	1704	1009	1530	1618	1544	17292
Whapmagoostui	294	177	0	562	338	297	302	239	288	259	341	348	263	3710
Wemindji	314	284	111	0	890	604	289	332	305	394	293	159	530	4495
Eastmain	211	171	181	242	292	220	278	252	0	324	8	25	389	2593
Waskaganish	541	399	275	689	820	711	643	307	552	699	669	229	1130	7700
Nemaska	292	126	230	50	243	495	285	235	307	279	241	260	67	3110
Waswanipi	309	278	229	307	558	574	188	543	320	317	292	181	592	4688
Mistassini	860	509	496	823	1440	1855	2751	449	834	1006	1000	0	1806	13829

II HOME VISITS

The following chart represents the number of home visits.

	VISITS PER PERIOD													
COMMUNITY	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
Chisasibi	26	36	28	64	0	8	0	29	12	23	32	15	14	287
Whapmagoostui	8	2	0	11	1	2	3	3	3	16	2	4	0	55
Wemindji	2	17	5	0	15	17	6	13	21	27	24	4	30	181
Eastmain	10	4	11	6	22	8	19	17	0	27	0	12	69	205
Waskaganish	3	1	0	3	20	1	6	6	4	8	14	2	6	74
Nemaska	0	7	1	0	5	6	6	22	2	3	1	2	6	61
Waswanipi	7	1	7	3	14	4	5	8	6	17	4	3	16	95
Mistassini	10	8	1	3	13	2	3	8	3	4	3	0	2	60

III COMMUNITY HEALTH

The following chart represents the number of persons who were met in specialized clinics such as clinics for diabetics, clinics for infants, etc.

	NUMBER OF PERSONS PER PERIOD													
COMMUNITY	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
Chisasibi	381	334	646	734	804	724	731	606	379	226	401	490	500	7156
Whapmagoostui	52	14	0	274	54	146	36	98	65	50	301	84	89	1263
Wemindji	27	9	74	0	0	0	1	46	12	0	0	11	6	186
Eastmain	29	0	1	21	0	1	108	33	0	3	44	85	18	343
Waskaganish	7	33	1	326	489	7	9	2	97	64	34	40	87	1178
Nemaska	68	11	73	0	162	3	249	36	1	26	0	19	4	672
Waswanipi	0	16	3	3	23	45	8	22	290	56	31	169	178	844
Mistassini	181	116	93	327	164	211	416	71	347	476	417	0	688	3527

As mentioned in the Health Services introductory text, the specific mandates which are listed as well as the recruiting aspect, channelled more than half the time usually set aside for the daily management of our services.

The special attention brought to the professional training and integration of our employees corresponded to our concern in offering quality care by stable and competent staff.

We thus lingered on the development of mechanisms which would allow for the acquisition of clinical, social and cultural knowledge, necessary in order to face situations in a region where the medical omnipresence is not a "fait accompli" and where the understanding and the adjustment to different values are a necessity in order to safeguard the integrity of the native population we are servicing.

To this effect, each new employee expected to work in the Community Health Clinics receives one week of initiation and integration to his/her new position; this is done in Chisasibi. Furthermore, three other training sessions, each lasting one week, are also offered during employment in order to improve the professional knowledge of these employees. These sessions take place either at the Montreal General Hospital (MGH), the Montreal Children's Hospital (MCH) or the St-Sauveur Hospital in Val d'Or. Our statistics show that by February 1986, 90% of the nursing staff in the communities had attended at least one training session, excluding the one held in Chisasibi, and that 25% of the personnel had participated in at least two training sessions.

Also, a continued training programme, with audio-visual documents, on the knowledge required to work in isolated regions was elaborated. This programme is available in all the Community Health Clinics which all have videotape recorders.

Moreover, our health teams, in some communities, saw their manpower increase with the arrival of Community Health Representatives (CHR). The integration of these new employees was relatively easy and a close supervision, during the first four months, greatly contributed in situating and making known the role of a Community Health Representative within the team and the villages. They have already contributed a great deal in the improvement of community health care and there is still a lot to come. This will require an accrued support from the population, as well as from the Cree Board of Health.

COMMUNITY HEALTH COORDINATION AND PROGRAMMING

1985-86 was characterized by the search for a better way of applying community health programmes which had been implemented during the previous year, and by concentrating on the quality of preventive services in view of improving the Cree population's health condition.

We continued to work in close collaboration with the Module du Nord Québécois, the Community Health Department of the Montreal General Hospital and the Ministry of Health and Social Services to succeed in achieving a fair number of projects and researches in the area of community health.

We thus submit, in the following pages, a summary of the activities undertaken at the community health level for the 1985-86 period.

I DEFINITION OF THE COMMUNITY HEALTH CONCEPT ADAPTED TO THE CREE TERRITORY

"Organization of health services established in relation to the environmental, political, economic and socio-cultural peculiarities which answer to the specific needs of the Cree population by constantly trying to improve it's health condition and develop, in a gradual manner, it's complete take-over in regards to health".

This definition is reflected in the choice of the general and specific objectives retained in our 1986-89 triennial programming.

II FIRST AID PROGRAMME (BUSH KIT)

During the summer of 1985, ninety-four (94) native camp managers took the course in the eight Cree communities, and sixty-two (62) new native camp managers were trained. Thirty-five (35) new hunting camps participated in the "Bush Kit" programme.

Since the summer of 1983 until July of 1985, over 107 hunting camps in the region have followed the "Bush Kit" programme.

You will find hereafter, statistics on the calls and medical evacuations in relation to the patients treated with the first aid kit ("Bush Kit") in all the communities from January to December 1985.

NUMBER OF CALLS	NUMBER OF MEDICAL EVACUATIONS (MEDIVACS*)	NUMBER OF PERSONS TREATED IN THE BUSH WITH THE "BUSH KIT"
313 (83.3%)	63 (16.7%)	224 (59.6%)

Source: Sheets from the CBHSSJB's bush call log - 1985

III MOTHER AND CHILD HEALTH

In addition to the mother and child health programme implemented in January 1985, we managed to develop a protocol on the surveillance of Hepatitis B. In this protocol, there is a protocol for the vaccination against Hepatitis B, a vaccination calendar for children from 0-5 years old whose mother is a carrier of the virus (HB_sAGH) and what has to be known on this problem.

The protocol was done in collaboration with representatives from the Module du Nord Québécois, and recommendations were ratified and approved by the Council of Physicians and Dentists of the Cree Board of Health and Social Services of James Bay.

IV SCHOOL HEALTH

This programme was applied in the eight communities. During 1985-86, several activities and projects were achieved at the school health level:

- Sexual Awareness Course for young adults
- Sanitary Education Guide on the use of tobacco
- Dental Caries Prevention Programme

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* Medivac: Emergency transportation process of a patient from the bush to a medical treatment centre.

V METHYL MERCURY SURVEILLANCE PROGRAMME

This programme aims at detecting individuals at risk who may suffer from the noxious effects of a high concentration in mercury and gives them nutrition advice allowing them to reduce their exposure to methyl mercury.

The Community Health Representatives (CHR) in every village are the persons who do the sampling of hairlocks, give information on diets as regards the consumption of fish with a high content of methyl mercury, give the results of the tests to the persons and ensure a follow-up of persons exposed to mercury.

The main conclusions of the surveillance programme for 1982-85 are the following:

- In 1982-83, 7% of the population examined showed a mercury level at least three times higher than the norms from the W.H.O.;
- In 1984, 16.5% of the population tested went over this threshold (three times higher than the norms from the W.H.O.), among them, thirty persons were exposed to a mercury concentration which exceeded the norms of the W.H.O. ten times, most of these persons were from Chisasibi;
- In 1985, according to the preliminary results on 1500 analysis of hairlocks and umbilical blood (newborns), 7.6% of the population tested in each community were exposed to methyl mercury higher than the norms from the W.H.O. and ten persons (0.7% of the results) were ten times higher than the W.H.O.'s norms.

The following chart shows the extent of the mercury surveillance program in the James Bay Cree communities of Québec, 1982, 1983, 1984. It is to be noted that in 1982, the three communities included in the program were Wemindji, Eastmain and Waskaganish. In 1983 and 1984, all of the communities were included.

YEAR	COMMUNITIES INCLUDED	TARGET POPULATION	SAMPLES TAKEN	PERCENT SAMPLED
1982	3	711	310	44%
1983	8	2586	924	36%
1984	8	2586	1448	56%

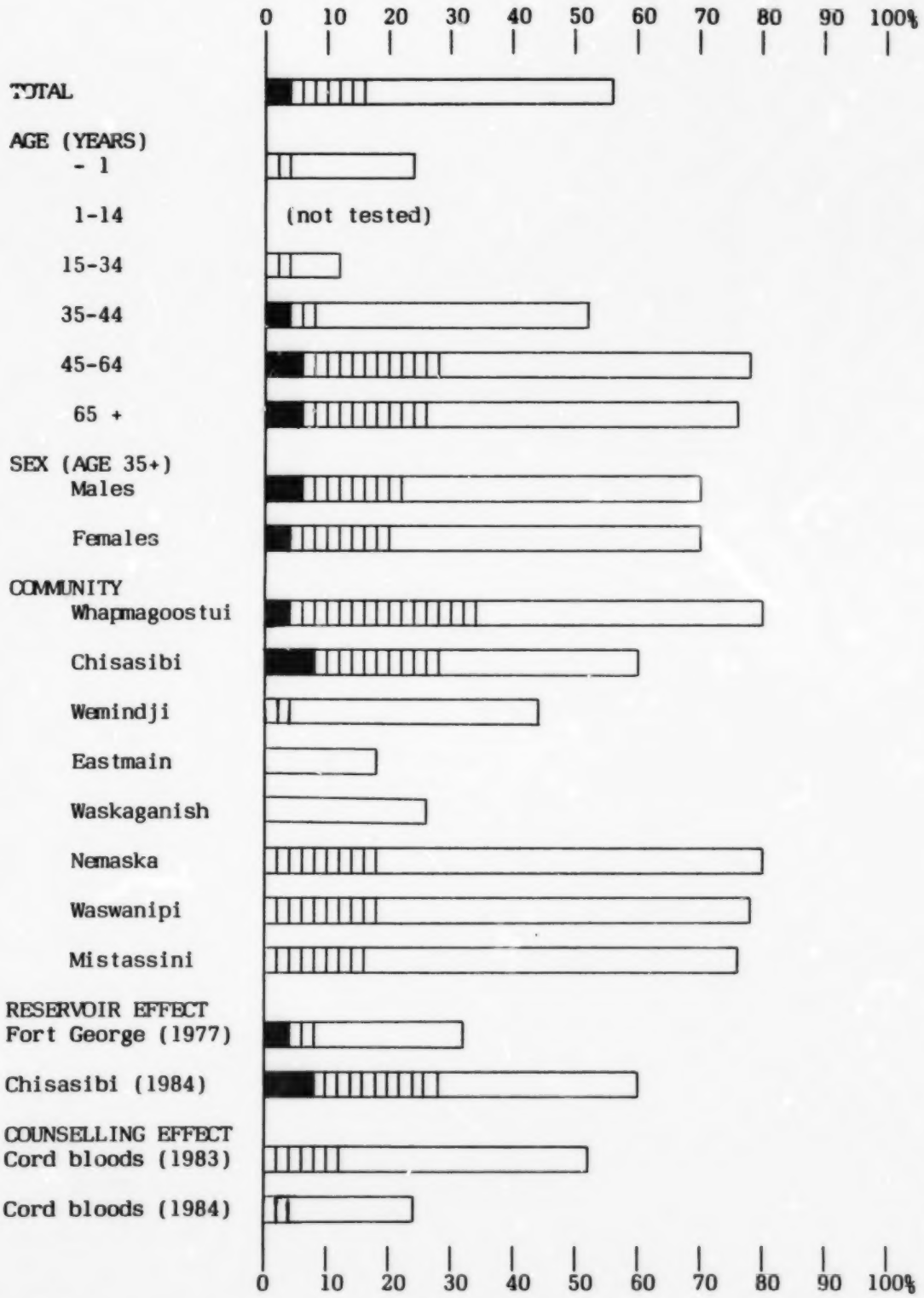
The following chart shows the approximate size of target population groups for mercury surveillance within each community, James Bay, Québec, 1982 to 1984. In 1982, only the coastal communities of Wemindji, Eastmain and Waskaganish were included in the study.

COMMUNITY	TARGET GROUP NEWBORNS	PREGNANT MOTHERS		PERS.35+	TOTAL
Whapmagoostui	12	12	12	112	148
Chisasibi	66	66	66	533	731
Wemindji	18	18	18	188	242
Eastmain	11	11	11	101	134
Waskaganish	36	36	36	227	335
Nemaska	12	12	12	63	99
Waswanipi	25	25	25	218	293
Mistassini	52	52	52	448	1890
Total	232	232	232	1890	2586

Source: Dumont and Wilkins - Report on the mercury surveillance program in the James Bay Cree communities of Québec - 1982-1984, December 5th, 1985.

The chart on the following page is a summary of mercury test results for the James Bay Crees of Québec. The results are based on 1448 hair and blood samples taken in 1984, the distribution of the population tested by mercury exposure ratio (exposure/WHO standards) was:

KEY	EXPOSURE RATIO	IMPLICATION / ACTION TAKEN
	ratio $\geq$ 1 and $<$3	Possible slight risk: pregnant women should reduce consumption because fetus more susceptible
	ratio $\geq$ 3 and $<$10	Suspected moderate risk: nutritional counselling for all
	ratio $\geq$ 10	Established high risk: neurological examination by physician; follow-up by specialist



Note: Maximum exposure was 19 times the WHO standards.

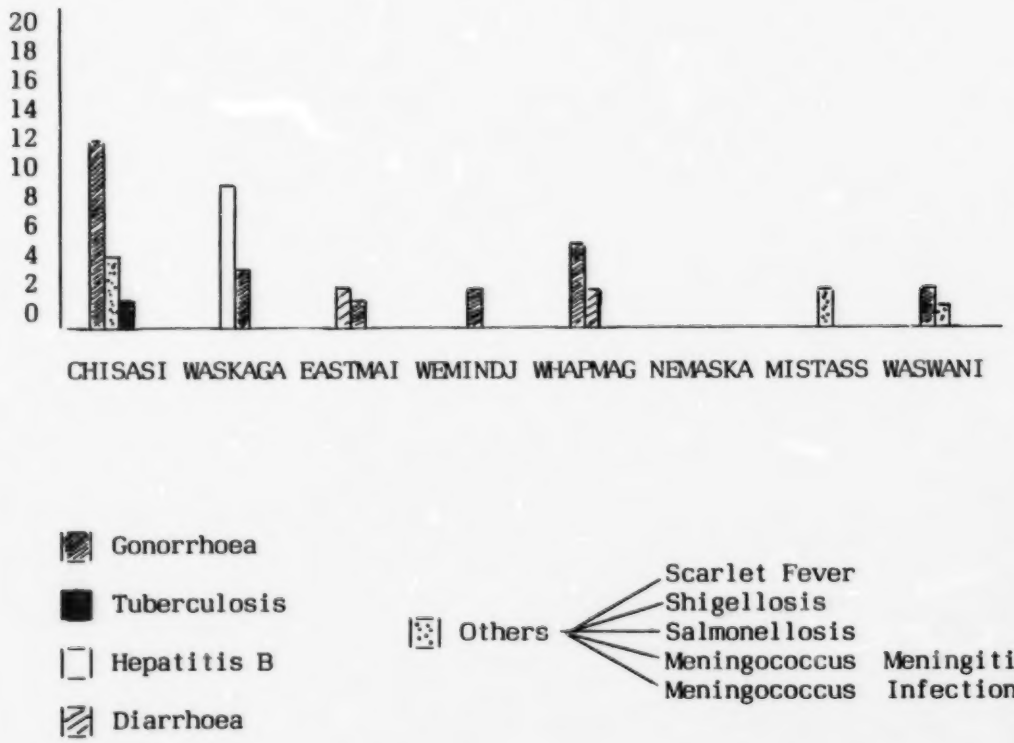
Source: Dumont and Wilkins - Report on Mercury Surveillance Program - 12/85

VI STATEMENT ON INFECTIOUS DISEASES IN CREE TERRITORY

In the area of infectious diseases, 1985 will have been characterized by a reduction of epidemic diarrhoea and active tuberculosis. However, we have had an increase in the number of cases with Hepatitis B and in the number of sexually transmitted diseases.

The following chart represents the number of these illnesses in each community.

Total number of cases of diarrhoea and infectious diseases noted in each community during 1985



VII TUBERCULOSIS SCREENING AND PREVENTION PROGRAMME

This programme's general objective is to reduce the incidence of tuberculosis among the native population.

During 1985, one case of active tuberculosis was reported in the territory, in comparison to seven cases for 1984.

The following chart represents data from the tuberculosis programme for 1985 in region 10-B.

Mass T.B. screenings - 1985 - Region 10-B

COMMUNITIES:	WHAPMAG	CHISASI	WEMINDJ	EASTMAI	WASKAGA	NEMASKA	MISTASS	WASWANI
No. of persons in the community	417	2000	-	395	1102	373	2186	850
No. of persons who have to receive PPD	200	800	315	208	590	193	2178	695
No. of persons who have had PPD	194	631	233	110	531	177	798	202
No. of positive reactions	31	22	11	11	4	21	-	18
No. of persons who received INH prescriptions	4	16	11	9	3	37	52	-
No. of persons who completed INH last year	5	35	11	-	5	14	38	
No. of persons questionned about symptoms	9	595	-	45	293	-	-	29
No. of persons who have symptoms	0	3	0	0	0	-	-	-
No. of TB cases detected	0	1	0	0	0	0	0	0

VIII AUDIO-VISUAL AND SANITARY EDUCATION MATERIAL

One of the major preoccupations in community health concerns the elaboration of audio-visual sanitary education documents adapted to the native population, in view of acquiring good health attitudes at the population level.

Faced with this concern, an effort was made to:

- Produce a catalogue of free leaflets and educative material to be used within the framework of community health programmes;

- Produce a catalogue of audio-visual material available in community health in region 10-B;

- Re-print the information leaflet entitled "What you can do to prevent gastro-enteritis";

- Make a poster on the food guide adapted to the nutrition values of the northern native environment (Cree Native Food Guide);

- Make copies of videotapes on community health programmes (46 videotapes are presently available in Chisasibi, and 15 of them have been copied for distribution in the Community Health Clinics).

IX GASTRO-ENTERITIS PREVENTION PROGRAMME

1985-86 was characterized by a reduction of cases and epidemics of gastro-enteritis in the Cree communities. In March 1986, three activities were favoured in the application of this programme in the communities:

- Broadcast information and education messages on CBC North as regards the five ways to prevent gastro-enteritis in Cree territory;

- Distribution of the information leaflet entitled "What you can do to prevent gastro-enteritis";

- Application of two protocols for Nurses, Physicians and Community Health Representatives of the CBHSSJB:

    1) Protocol on the mandatory declaration of infectious diseases in Cree territory
    2) Protocol for the prevention of gastro-enteritis epidemics

X VACCINATION PROGRAMME AGAINST INFLUENZA

This programme's general objective is to prevent the appearance of the flu and complications which result from it among particularly vulnerable persons due to their advanced age or to their poor health condition.

The following chart represents the evaluation of the vaccination programme against influenza in each community during 1985:

COMMUNITIES	PERSONS 65+	TEENAGERS 13+ & ADULTS WITH CHRONIC ILLNESS	TOTAL	IMMUNIZED PERSONS
Whapmagoostui	19	15	34	41
Chisasibi	128	10	138	139
Wemindji	42	11	53	45
Eastmain	27	7	33	32
Waskaganish	48	35	83	38
Nemaska	16	8	24	
Mistassini	88	40	128	
Waswanipi	40	40	80	55

XI LIST OF STUDY, INTERVENTION AND ANALYSIS PROJECTS IN COMMUNITY HEALTH FOR REGION 10-B DURING 1985-86

As regards research on the health of Crees, four projects were done in collaboration with the Module du Nord Québécois, the Community Health Department of the Montreal General Hospital and the Ministry of Health and Social Services:

1) Creation of a sanitary education guide on the use of tobacco to inform and educate the Cree teenagers of James Bay;

2) Hospital mortality and morbidity of the Cree population in the territory, 1980-85;

3) The prevalence, the state and the needs of physically handicapped children of James Bay;

4) Evaluation of the aerial medical evacuation service of region 10-B.

LIST OF DOCUMENTS DEVELOPED IN COMMUNITY HEALTH DURING 1985-86

DOCUMENT	RESOURCE	DEADLINE
Health status of the James Bay Crees	CHD/MGH	July 1985
Job description of the Community Health Representatives (CHR)	CBHSSJB	August 1985
Activities per community health programmes	CBHSSJB	December 1985
Catalogue of free leaflets and educative material within the framework of community health programmes	CBHSSJB	January 1986
Protocol on the surveillance of Hepatitis B	CBHSSJB/ MNQ	February 1986
Catalogue of audio-visual material available in community health - Region 10-B	CBHSSJB	March 1986
Community Health Programming adapted to the native population living on the James Bay territory (Region 10-B) within the 1986-89 triennial programming	CBHSSJB	April 1986
Orientation and training programme in community health	CBHSSJB	April 1986
Re-print of the information leaflet entitled "What you can do to prevent gastro-enteritis	Ministry of Environment, Service du Nouveau-Québec / CBHSSJB	April 1986
Research planning on the health of Cree indians 1986-89	CBHSSJB	April 1986

NURSING DEPARTMENT

In 1985-86, the activities of the Nursing Department were directed towards the development of training, orientation and evaluation programmes for the personnel as well as the elaboration of policies, procedures and protocols, while taking into consideration the Department's philosophy, which is to ensure optimal quality care to any individual and this, according to his/her particular needs which may vary depending on the place he/she holds within the family, the group he/she belongs to and the community.

The Nursing managerial team remained stable throughout the year and the mandates determined in the 1984-85 annual report were fulfilled. These mandates corresponded to the Professional Inspection Committee of the OIIQ's recommendations, dated September 8th, 1982, except for the infection prevention programme in the hospital.

The orientation programme included the realization of an "orientation manual" for the clinical staff, an "orientation booklet" for the Nurses and an "orientation boolket" for the Nursing Assistants.

The training programme included a demonstration on the "medivac kit", a course in perinatality, in cardio-pulmonary resuscitation (CPR), on bush calls and the "bush call log" and on cardiac arrhythmia. There was also an audio-visual presentation entitled "EKG interpretation in critical care nursing" and an on the job actualization programme "Basic care" for natives. In addition, four nurses received training outside Chisasibi.

Moreover, this department elaborated a staff evaluation procedure, and proceeded to the evaluation of 13 nurses, 4 nursing assistants, 4 beneficiary attendants and 2 reception attendants.

Over fourty-five (45) policies, protocols and procedures were elaborated, over a dozen work sheets as well as the "medivac" manual were revised, the department's organization charts were re-done and at the request of the Cree Board of Health, a triennial programming of our activities was submitted.

All the work accomplished during the year is a team effort, and I would not want to overlook some achievements.

I PATIENT SERVICES - VAL D'OR

3,041 patients visited the Val d'Or Patient Services during 1985-86 for various reasons such as transportation and lodging, while in need of medical examinations and/or treatments.

In May 1985, these services acquired a telecopier and a van (room for 10 persons) was purchased in April. Two nurses and a full-time interpretor worked in this department throughout the year.

II PATIENT SERVICES - CHISASIBI

This department continued to make the plane reservations for all the beneficiaries in Chisasibi as well as in the communities, for the employees and the administrators of the Cree Board of Health. It also organized the reception of all the beneficiaries having to stay in Chisasibi for medical reasons and over 1915 persons benefited from these services:

- Nordair: 775 persons
- Air Creebec: 640 + persons
- Foster Homes: 500 persons

III VISITS FROM SPESCIALISTS

849 patients benefited from the specialists' visits in the following categories:

- Cardiology	32
- Surgery	136
- Gynecology	53
- Internal Medicine	46
- Ophtalmology	314
- O.R.L.	120
- Orthopaedics	61
- Paediatrics	64
- Pedo-psychiatry	9
- Psychiatry	14

IV STERILIZATION

In addition to sterilizing the equipment of the Chisasibi hospital, this department also does the sterilization for all the equipment of the Clinic in Radisson.

A sterilization manual was elaborated in view of having this department run by natives and the purchase of several instruments proved to be necessary during the year in order to answer to the requests from the physicians in the Outpatient Clinic.

V OUTPATIENT CLINIC

17,292 patients visited the Outpatient Clinic during the period covered by the present report. That is an increase of 4,451 in comparison to last year.

The average number of patients per day was 57; that is an increase of 12 patients per day in comparison to last year.

The average number of patients during the week-end was 15; that is an increase of 5 patients per day in comparison to last year.

This department, which offers prevention and follow-up clinics concerning H.B.P., diabetes, C.O.P.D., family planning as well as an emergency room, saw it's manpower increase by .6 of a position in nursing and one additional interpretor (20hours/week). Furthermore, the reorganization of the work shifts and the creation of an evening shift (16h to 24h) met the population's needs and ensured the presence of a nurse on a 24 hour basis in the Medicine Department for the hospitalized patients.

Since it is impossible to change the physical location of the Clinic for the time being, a protocol entitled "sample centre" was elaborated in order to improve its functioning and a clean up of the premises, which proved to be necessary, contributed in increasing the personnel's level of satisfaction.

A total of 1469 beneficiaries attended the following clinics:

- H.B.P. 877
- C.O.P.D. 314
- Diabetes 224
- Paediatrics 54

VI MEDIVACS

We had 64 emergency medical evacuations this year in comparison to 101 in 1984-85. 12 families needed helicopter medivacs from the bush.

VII COMMUNITY HEALTH

As regards the Mother and Child Health Programme, 1006 beneficiaries attented the pre-natal clinic, 182 attended the "Well baby" clinic with a physician and 460 attented the "Well baby" clinic with a nurse.

Several beneficiaries benefited from the Infectious Diseases Programme:

-	Immunization (PPD)	924
-	Prescription refills (INH)	961
-	INH Clinic	47
-	INH (flu)	46
-	X-rays - TB programme	47
-	Active TB	1
-	TB contacts (+ flu)	37

296 home visits were done within the framework of the Home Care Programme. The following activies were carried out within the framework of the School Health Programme:

-	Personal hygiene (teaching and screening)	623
-	Eye test	164
-	Health examinations	166
-	Vaccinations	100
-	Audiometry	34
-	Group teachings (nutrition, dental hygiene, sexual education, etc.)	
	1) at the elementary level	100
	2) at the secondary level	210

In February 1986, a Community Health Representative (CHR) joined the team, but there was only one nurse to cover all these programmes during the months of November, December and January.

VIII MEDICINE

21% of the Medicine Department's personnel has been in place for over three (3) years, 28% between two (2) and three (3) years, 14% between one (1) and two (2) years and the remaining 27% for less than one (1) year.

There was 559 admissions in this department during the period covered by the present report, in comparison to 453 in 1984-85. The volume of activity days/beneficiary attendance was of 3017 (adults and children), 3631 chronics (adults and children) and 187 newborns.

A physical reorganization of this department was planned in order to ensure the presence of coordinators with the clinical staff and thus improve the quality of care offered to the beneficiaries. Also, a wall oxygen system was installed and inspected.

The paediatrics unit will be relocated near the nursing station in order to ensure a continued supervision of the children. Adjacent to paediatrics, the post-partum room (2 beds), will be set up in a more functional manner.

Various medical equipment, listed below, was purchased:

- Dextrometers
- Mattress
- Wheel chairs and scale
- Electrical/automatic printers
- Geriatric chair
- Easy chair
- Doptone
- Walkers
- Mannequins/training
- Underwear 4X
- Exercise mat / pre-natal courses
- Bed sides
- Sphygmomanometers on wheels
- Piggy back system / I.V.
- Pump-i-vac
- Lift for patients
- Television sets

Asides from continuing to apply the entire orientation, evaluation and training programme and finalize the elaboration of treatment processes, our 1986-87 objectives will mainly be centered on the quality of care, the disinstitutionalization of health services and the increase of autonomy on the part of the natives in respect to health.

PROFESSIONAL SERVICES

At the beginning of 1985-86, the activities of this managment unit, especially as regards the structuring of the said unit, were in good hands as Dr. Gordon Magonet held the position of Director of Professional Services. To his credit, let us mention, among other things, the establishment of a more efficient medical secretariat, and this, despite the arrivals and departures of three medical secretaries, an active participation to the budgetary process of the establishment which consisted in the writing up and presentation of reports related to continued medical training, purchasing of equipment and analysis of needs in human resources, and in ensuring a dispensation of medical treatments in all the communities, despite the difficulties in recruiting permanent and temporary medical manpower.

Unfortunately, Dr. Magonet decided to put an end to his administrtive activities in September 1986, and we have been looking for a new director since then. This absence has considerably slowed down the continuation of files undertaken by the previous incumbent but fortunately, the members of the medical team in place, directed by Dr. Steven DiTomasso, Chairman of the Council of Physicians and Dentists, shared some of the administrative and professional duties in order to ensure a continuity in the dispensation of adequate care.

I MEDICAL MANPOWER

As always, the stability of our professional team is constantly threatened. We are happy to note that 1985-86 has been one of the few years where our medical and dental manpower was almost complete.

However, the community of Waswanipi, which had a permanent physician for the first time ever, had to accept, with great regret, the departure of Dr. François Godue, whose presence had greatly improved the dispensation of medical care to this population. Since Dr. Godue's departure, we have been unable to recruit a permanent physician for this community and even finding temporary physicians creates serious problems.

We can also anticipate some manpower problems for 1986-87 since despite the fact that we presently have enough applicants to satisfy our needs on a short term basis, most of these physicians only wish to work in our region for periods between nine to twelve months.

Immediate measures must therefore be undertaken in order to, on the one hand, fill the positions which will be vacant in 1987 and on the other hand, develop incentives, other than the ones set forth by the Ministry of Health and Social Services, which will attract physicians desirous to live a northern experience for a longer period of time.

II VISITS FROM SPECIALISTS

As in the past, the population of region 10-B is still not sufficient to justify the permanent presence of specialists. These services were offered throughout the year by specialists working elsewhere, generally in Montral or Val d'Or, who come to the communities for short periods of time, usually from three to ten days, depending on the needs expressed.

The nature and the frequence of services offered in 1985-86 were the following:

-	Internal medicine:	8	one week visits/year
-	General paediatrics:	10	one week visits/year
-	General surgery:	6	one week visits/year
-	Psychiatry:	12	three day visits/year
-	Orthopedics:	2	three to five day visits/year
-	Paediatric cardiology:	1	five day visit/year
-	Otorhinolaryngology:	4	one week visits/year
-	Ophtalmology:	3	ten day visits/year *
-	Obstetrics-gynecology:	1	three to five day visit/year

In the future, the specialists' visits will be planned according to the growth of the population, the changes in morbidity (we are seeing a reduction in infant morbidity and an increase in adult morbidity with a tremendous increase as regards the incidence of diabetes mellitus and cardiac illnesses), the change in the treatment norms (use of the echography in obstetrics), and the moving from the South to the North and vice-versa, of patients being treated.

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* As regards ophtalmology, the visits are done by a team of two Ophtalmologists and one physician.

III TRAINING

A regular programme in continuing medical education was started by the professional staff in 1985-86. This programme basically consisted in regular weekly meetings to discuss the causes for the death of patients in the region, recent problems in medical care, updates on clinical diagnosis and treatment methods and in conferences with visiting specialists.

Most specialists who come to Chisasibi are expected to meet with the medical staff for at least one to two hours, in order to discuss different aspects of medical progress.

MEDICAL RECORDS

1985-86 at the Medical Records Department was characterized by various administrative changes. In August 1985, there was the departure of Mrs. Monic Ferron who incidentally fulfilled her mandate, which was to structure the department, very well. Then, in October 1985, Mrs. Ferron's replacement left her position as archivist, position which Mrs. Monique Laferrière was appointed to in November 1985.

We can therefore see that the achievements were scattered and difficult to assemble. Consequently, the present report will be centered more on statistics and future prospectives than on the internal activities.

First, let us mention that the acquisition, in 1984-85, of an electronic stamper allowed us once again this year, to make eight hundred (800) new plastic-coated cards for the Community Clinics. The system keeps on functioning properly and is effective in the identification of documents. In this same line of thought, in January 1986, the card printer was equipped with an indicating label so that the name of each Clinic appears on all the requisitions. This new system greatly contributed in improving the forwarding of results while avoiding shipping mistakes.

Still as regards the Clinics, a report on the management principles of the medical record was handed in to the management by Mrs. Ferron in order to favour its consistent application.

Special attention was put on daily census. To this effect, a new form was applied which, thanks to the Assistant Head Nurse's collaboration, has given results which are very satisfactory as regards the accuracy of data.

As regards future projects, we can mention that a study of Law 65, mainly in regards to the conservation of documents, is presently in progress. The objective is to meet the requirements of the Law's application despite the fact that we are far and the importance of the Chisasibi Hospital Centre, which could be factors excusing our non-conformity. Further to this study, we plan to elaborate a formal procedure as regards the destruction of documents which, according to the Law, no longer need to be kept. This procedure will be aimed at medical, radiology and laboratory records at first.

A study on the possibility of computerizing the files will be carried out once the hospital has a functional computerized system.

In addition to the usual annual statistics, you will find, in the following pages, some graphics indicating the hospital's progression since 1980, that is: the number of hospitalized patients, the average number of patients per day and births VS deaths.

I HOSPITAL PROGRESSION

The following chart indicates the number of patients hospitalized, admitted, treated, released and deceased during the period covered by the present report.

	ADULTS & CHILDREN		
	ACUTE CARE	EXTENDED CARE	NEWBORNS
Hospitalized as at April 1st, 1985	7	11	0
Admitted during the year (1)	506	3	53
Treated during the year	513	14	53
Released during the year (1)	502	5	53
Deceased during the year	4	2	0
TOTAL NUMBER OF LEAVES (2)	498	3	53
Hospitalized as at March 31st, 1986	8	9	0

(1) Including deaths and releases
(2) Leaves only

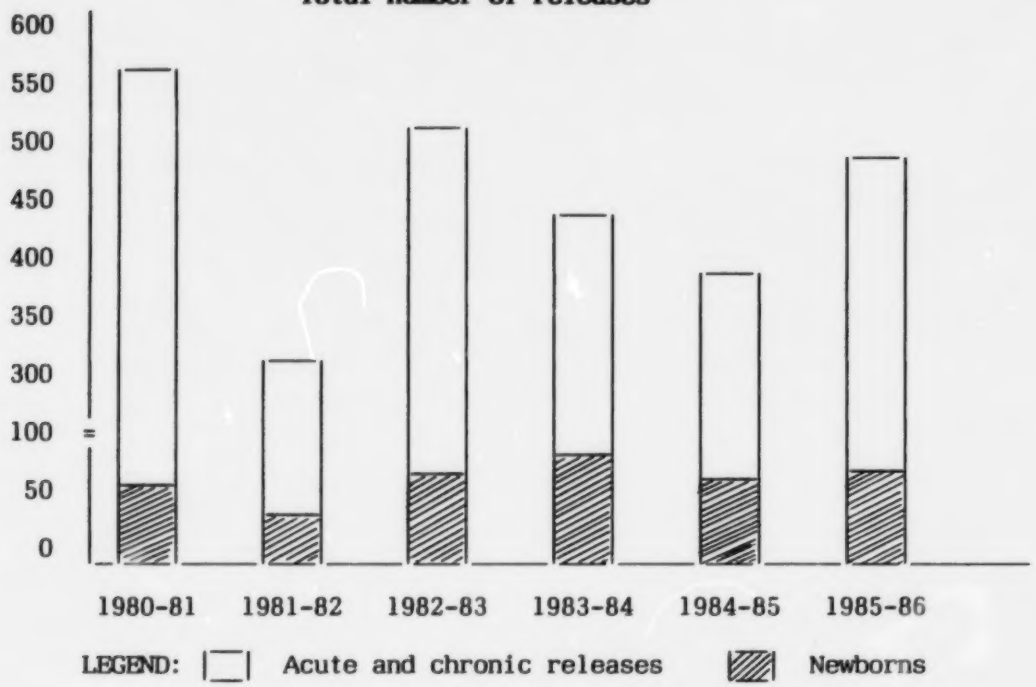
STATISTICS

		1985-86	1984-85
II	ADMISSIONS		
	Medicine	271	216
	Obstetrics	103	83
	Paediatrics	132	105
	Newborns	53	49
III	ACUTE TO CHRONIC CARE TRANSFERS		
	Medicine	3	8
	Paediatrics	-	1

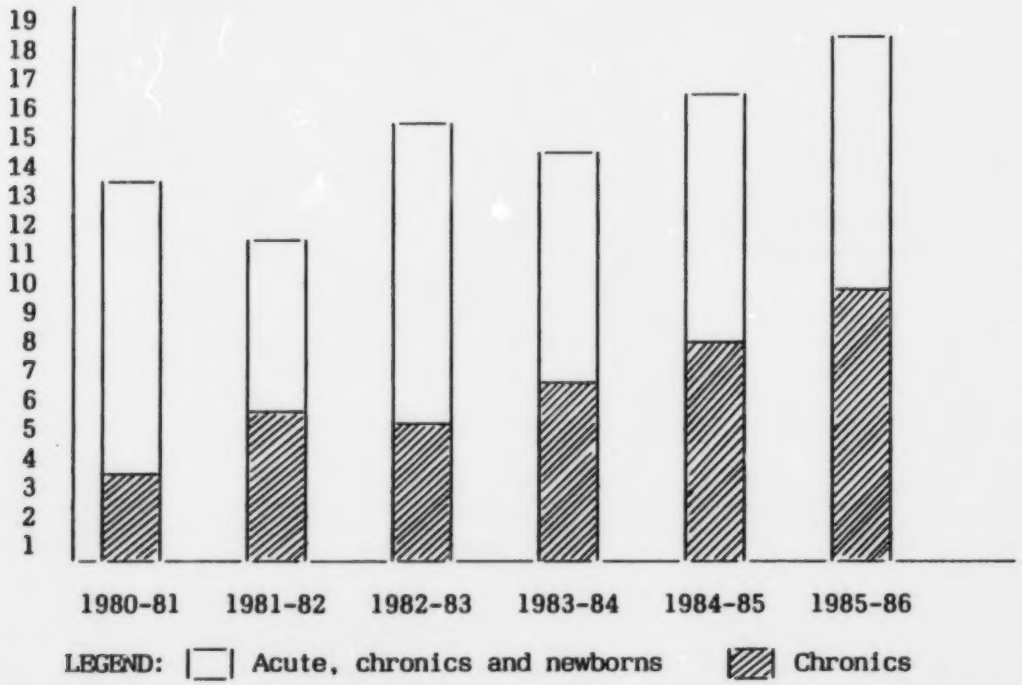
		1985-86	1984-85
IV	**ATTENDANCE/DAYS**		
	Acute care		
	- Medicine	2051	2255
	- Obstetrics	362	297
	- Paediatrics	604	624
	- Newborns	187	197
	Extended care		
	- Medicine	3266	2760
	- Paediatrics	365	240
V	**AVERAGE NUMBER OF PATIENTS PER DAY**		
	Acute care		
	- Medicine	5.6	6.2
	- Obstetrics	1.0	0.8
	- Paediatrics	1.7	1.7
	- Newborns	0.5	0.5
	Extended care		
	- Medicine	8.9	7.6
	- Paediatrics	1.0	0.7
VI	**RELEASES**		
	Acute care		
	- Medicine	265	210
	- Obstetrics	104	83
	- Paediatrics	133	101
	- Newborns	53	50
	Extended care		
	- Medicine	5	4
	- Paediatrics	-	2
VII	**DAYS HOSPITALIZED**		
	Acute care		
	- Medicine	2103	1567
	- Obstetrics	363	308

		1985-86	1984-85
	- Paediatrics	605	620
	- Newborns	187	199
	Extended care		
	- Medicine	1799	1133
	- Paediatrics	-	1276
VIII	AVERAGE STAY		
	Acute care		
	- Medicine	7.9	7.5
	- Obstetrics	3.5	3.7
	- Paediatrics	4.5	6.1
	- Newborns	3.5	4.0
	Extended care		
	- Medicine	359.8	283.3
	- Paediatrics	-	638.0
IX	NUMBER OF DELIVERIES	53	48
X	NUMBER OF TRANSFERS TO ANOTHER HOSPITAL		
	Medicine	25	34
	Obstetrics	22	18
	Paediatrics	6	9
	Newborns	-	2
XI	DEATHS		
	Acute care		
	- Medicine	3	5
	- Paediatrics	1	-
	Extended care		
	- Medicine	2	1
	- Paediatrics	-	-

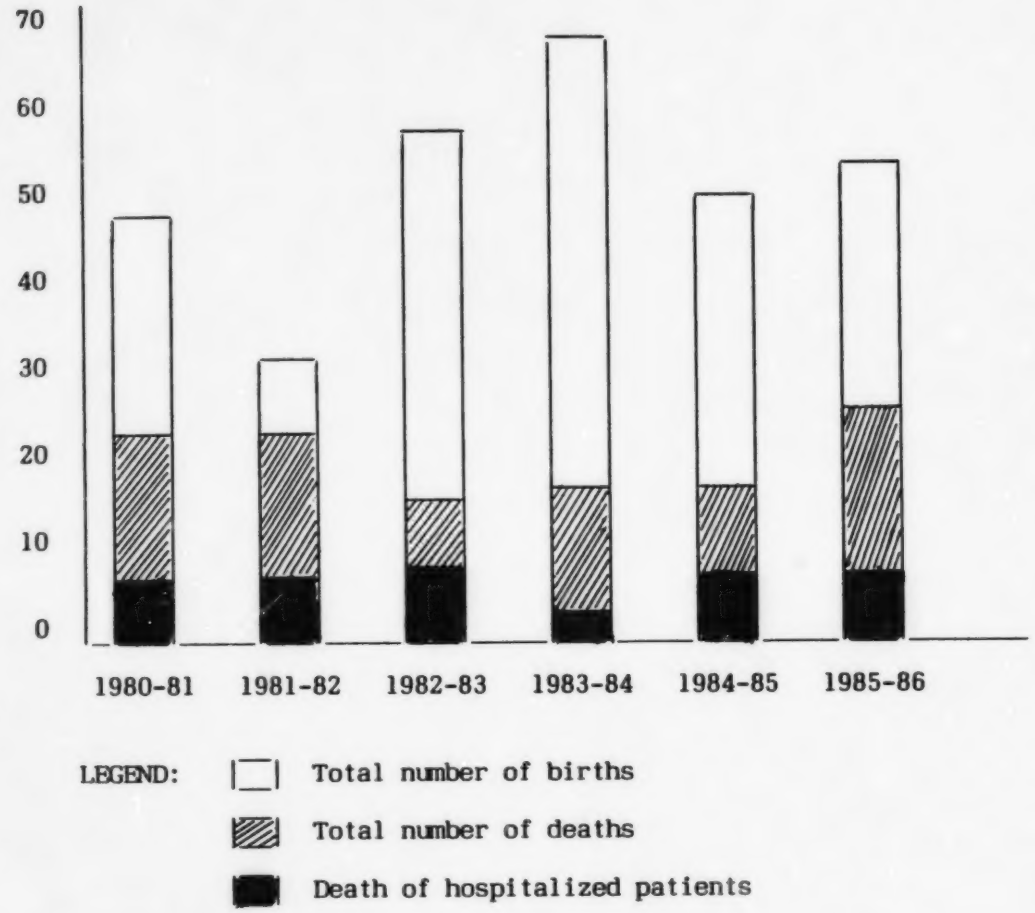
Number of hospitalized patients
Total number of releases



Average number of patients per day
Total no. of hospitalized patients/day divided by no. days/year



Births VS deaths
Hospitalized and outside patients



DENTAL SERVICES

Since last May, thank's to the much appreciated support of the Cree Board of Health, the projects that the Consultant-Coordinator has worked on have achieved substantial and most gratifying success. Listed below are several of the most notable changes that have occured within the dental picture of our region in the past year.

1) The implementation and continuation of toothbrush programmes for students, age 12 and under, in all of the eight villages of the region;

2) The implementation and continuation of fluoride tablets programme in seven (1) of the eight villages, for students age 13 and under;

3) The team of permanent dentists was increased from one to six (the maximum allowed in the region) and maintained at this level;

4) Over $150,000. worth of the new dental equipment was lobbied for, purchased and installed;

5) A dental manual has been written in order to orient temporary as well as permanent dentists;

6) Regular recruitment of temporary dentists has been assured;

7) The topic of "water fluoridation" was presented to the Board of Directors and seven (2) of the eight village Band Councils;

8) A dental health survey (involving over 400 students from Chisasibi) was carried out in collaboration with the Department of Community Dentistry of McGill University, and should be published shortly;

9) The hiring of a dental hygienist was lobbied for and a successful recruitment was carried out;

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(1) Wemindji excluded; the Principal was opposed to fluoride tablets in the school.

(2) Chisasibi excluded (at time of writing); 4 positive responses received; await reply from 3)

10) Direct contact with Me Tremblay of the Quebec Dental Surgeons Association (QDSA) was instrumental in seeing the negotiation of a new contract for permanent dentists in the North;

11) The visits of the six permanent dentists as well as of the replacement dentists, were scheduled for the eight villages;

12) The maintenance and repair of the present dental equipment was assured;

14) A two day course on dentistry was presented to the Community Health Representatives (CHR);

15) A videotape on "Baby bottle caries" was made and distributed to all the villages;

16) New nurses to the region were instructed in the principles of emergency dentistry;

17) A document entitled "Dental Resource Planning", outlining the needs of a seventh dentist, additional dental assistant time and additional dental equipment was presented to the Board of Directors who in turn submitted the said document to the Ministry of Health and Social Services;

18) Budgetary analysis of the Dental Services Department were carried out on a regular basis;

19) A triennial planning of our activities was developed;

20) The inventory of dental materials in Chisasibi was adequately stocked in order to ensure prompt replenishment for the Community Health Clinics;

You will find, on the following page, appointments statistics for each individual community.

COMMUNITY	BENEFICIARY APPOINTMENTS 1985-86	1984-85
Chisasibi	3358	2856
Whapmagoostui	224	428
Wemindji	849	652
Eastmain	351	437
Waskaganish	2009	1235
Nemaska	344	372
Waswanipi	724	993
Mistassini	1831	497

Finally, the Dental Services structure has been created, and the system has proved to be effective; the stability must now be assured. However, this can only be achieved by a continuous supply of permanent dentists to the North.

PHARMACY DEPARTMENT

I PRESCRIPTIONS

	1985-86	1984-85
Issued inpatient prescriptions	4566	3872
Issued outpatient "	16268	13213
Prescriptions issued outside regular working hours (Outpatient Clinic)	1004	909
TOTAL	21838	17994
Number of inpatient beneficiaries who received prescriptions	1626	1164
Number of outpatient beneficiaries who received prescriptions	11372	9636
TOTAL	12998	11250
Average number of beneficiaries per day	$\frac{12998}{260} = 49,99$	$\frac{11250}{260} = 43$
Prescribed controlled medication per year:	87	131
Prescribed narcotics per year:	335	352

II PRESCRIPTION COSTS

	1985-86	1984-85
Outpatient prescriptions (incl. Dental & Outpatient Clinics & Community Health)	$90,757.29	$67,884.09
Inpatient prescriptions (Medicine)	21,912.12	1,497.36
Cash received from non-residents for prescriptions	2,244.66	2,116.43
Medication for the employees	2,379.60	1,853.83

III MEDICATION COSTS

COMMUNITIES	1985-86	1984-85	RETURNS 1985-86	RETURNS 1984-85	REAL CONSUMPTION 1985-86	REAL CONSUMPTION 1984-85
Whapmagoostui	$28,669.15	$25,816.70	$ -	$ -	$28,669.15	$25,816.70
Wemindji	25,248.97	31,916.63	-	140.05	25,248.97	31,776.58
Eastmain	22,608.46	14,458.98	82.35	165.23	22,526.11	14,292.85
Waskaganish	37,914.98	31,481.91	640.87	1,607.69	37,274.11	29,874.22
Nemaska	16,676.87	9,563.36	-	-	16,676.87	9,563.36
Waswanipi	22,801.58	25,677.78	-	-	22,801.58	25,677.78
Mistassini	67,212.81	42,367.78	-	207.84	27,212.81	42,367.78
TOTAL	$221,132.82	$221,132.82	$723.22	$2,120.81	$220,409.60	$179,161.43

	1985-86	1984-85
Total of requisitions:	659	584

IV GENERAL INVENTORY

HOSPITAL CENTRE	1985-86	1984-85
Community Health	$ 9,941.81	$ 4,335.53
Outpatient Clinic	98,426.79	75,841.38
Medicine/Obstetrics	52,412.15	35,126.55
Dental Clinic	2,000.48	1,241.55
Laboratory	1,605.89	882.05
Radiology	792.33	358.97
Sterilization	11.00	-
TOTAL	$165,190.45	$117,805.53

	1985-86	1984-85
Total of requisitions:	685	594
Credit received from companies:	$2,308.70	$4,115.55
Expired medication:	$5,904.24	$4,864.35

V INPUT

Inventory 1984-85	$81,144.99
Purchases 1985-86	460,184.49
TOTAL	$541,329.48

VI OUTPUT

Hospital	165,190.45
Communities	221,132,82
Expired medication	5,904.24
TOTAL	$392,227.51

Physical inventory	$144,904.68
Input VS output	$149,101.97

Margin of error due to unitary prices: 1.05%

LABORATORY DEPARTMENT

During 1985-86, the responsibility of this department was shared between Ms. Diane Girard and Mr. René Proulx, who benefited from a leave without pay for a period of six months after more than ten (10) years in our establishment.

We must mention the tremendous amount of work performed in this department throughout the year; among other things: the elaboration of a filing system, the writing of technical booklets and registers necessary for the proper functioning of the department.

The purchase of a blood gas analyser and a coagulometer greatly improved the availability and the quality of tests as well as the immediate dispensation of necessary treatments according to the patients' condition.

During the period covered by the present report, 65,971 tests were performed in our establishment, representing a total of 271,697 technical units.

The following chart shows the ever growing activities of this department.

	1985-86		1984-85	
	TESTS	UNITS	TESTS	UNITS
Hematology	6552	49177	4130	17586
Biochemistry	23781	125913	16641	133405
Bacteriology	27381	46217	23202	61719
Serology	1312	3016	1163	5210
Urine	2670	14546	2148	12252
Blood bank	378	2846	319	3174
Sampling and handling (out of town tests)	3895	29985	2687	24322
TOTAL	65971	271697	50290	257668

Finally, considering our ever growing activities and the necessity to priorize the realization of certain activities on location (tests on drinking water, making of culture medium, etc.), we will have to seriously consider the expansion of our present premises on a middle term basis.

RADIOLOGY DEPARTMENT

The full-time technician, Ms. Dominique Michel, at our service for almost four (4) years, left us at the end of June 1985. Her replacement, Ms. Sylvie Labonté, will unfortunately be leaving us at the end of June 1986. However, we are confident that we will be able to fill this position in the months to come. In the meantime, Ms. Ginette Labarre, our part-time technician, will be in charge of this department's activities.

The department received approximately 400 envelopes for the filing of films, which allowed to finalize the opening of several files.

A revision of the policies and procedures manual was done in March in order to make the necessary changes. This manual is available for consultation purposes.

Once again this year, our developing machine needed to be repaired. We will therefore have to face, on a middle term basis, the fact that this machine will eventually have to be replaced. Also, a verification of the X-ray room and the BGX 625 generator was carried out.

You will find hereafter, various statistics for the period covered by the present report.

I NUMBER OF PATIENTS

	1985-86	1984-85
Hospitalized	182	256
Outpatients	1095	1177
Referred	451	378
TOTAL	1728	1811

II NUMBER OF EXAMINATIONS

Hospitalized	392	367
Outpatients	1557	1438
Referred	668	527
TOTAL	2617	2332

III **NUMBER OF UNITS**

	1985-86	1984-85
Hospitalized	1125	1485
Outpatients	8804	8280
Referred	4239	3448
TOTAL	14168	13213

IV **NUMBER OF FILMS**

Hospitalized	358	452
Outpatients	2772	2480
Referred	1306	978
TOTAL	4436	3910

For 1985-86, the busiest time of the year was from February 2nd to March 1st, 1986; the quietest period was from December 8th, 1985 to January 4th, 1986

SOCIAL SERVICES' ACTIVITY REPORT

SOCIAL SERVICES' ACTIVITY REPORT

A word from the Assistant General Manager - Social Services,

The past year, 1985-86, could be characterized by the major personnel changes which occured within our services. At the management level, there has indeed been a total turnover. In addition to having a new Assistant General Manager and see the return of the Director of Youth Protection from a study leave, the social services created two new managerial positions; Coordinator of the Weesapou Group Home and Consulting Director of Professional Services.

Also, within the context of our contribution agreement with the federal Ministry of National Health and Welfare and their National Native Alcohol and Drug Abuse Programme (NNADAP), we hired two programme coordinators on a contract basis, one for the coastal communities and the other to work inland.

At the community level, Whapmagoostui, Eastmain, Mistassini and Waswanipi experienced important staff modifications. All of these changes have had an effect on the services offered. Although the increase in managerial personnel is an important asset for the development of our organization, and ultimately, of the services offered to the population, the turnover of our Community Workers has a detrimental effect on the services offered.

New employees need time and specific training, and in the past year, we have been unable to provide the type of training we would have liked. In 1986-87, the department hopes to re-activate training in order to standardize programmes and provide the Cree population with a high quality of services in their native language.

Training is not only necessary but vital, and it is acquired slowly. While we are waiting for our Community Workers to have sufficient training in order for them to be more independent at the professional level, we will have to considerably increase their supervision by ensuring that all the managerial personnel in Social Services (except for the director) are involved in the direct supervision of the Community Workers.

Hence, we hope to provide full-time supervisory help to the workers in the inland communities, since presently all management and professional help appears to be concentrated in Chisasibi.

Community Workers have a very difficult job to do and the support of conscientious, dedicated and available supervisors as well as managerial personnel is a must.

In the following pages you will find a summary of the activities carried out at all levels of the Social Service Centre.

Fernand G. Filion

Fernand G. Filion

I ADMINISTRATION

This year's most significant achievement, at the administrative level, was the writing up of our triennial programming. Naturally, reaching the objectives set forth in our triennial programming will depend a great deal on the financial resources we will receive from the M.H.S.S. in the next three years. However, even if these resources do not permit us to reach all of our goals, having a triennial programme will enable us to focus our energy on identified priorities.

Although our policies and procedures' manual was completed last year and our Community Workers received a training session to familiarize themselves with this reference document, we still had to review this manual in order to make sure it is in conformity with the rules and regulations of the M.H.S.S., namely Law 27.

In any case, the revision of this document is a continuing process. Social services' rules and regulations are dynamic and are constantly changing. As we add new services and programmes for our "clientèle", we have to incorporate them in the manual.

We have reviewed, revised and rationalized our social service budget base. From now on, cost of services or programmes will be charged to the proper corresponding accounts. Cost should now reflect community needs.

The service contract we had with the Ville-Marie Social Services Centre allowed us to give our Community Workers the professional supervision they needed to guarantee quality services to the population. Two employees from the V.M.S.S.C. were touring the communities every other month to help the workers improve their psycho-social intervention skills.

One of the workers from the V.M.S.S.C. has been collaborating with our consulting Director of Professional Services in the development of culturally adapted norms and standards. We hope that this will lead us, on a middle term basis, to develop a theoretical model and a methodology which will be the framework necessary to implement a completely native approach to psycho-social intervention.

During the summer of 1985 a three party service contract was signed between the C.B.H.S.S.J.B., Shawbridge Youth Centres and L'Etape Reception Centre. Shawbridge Youth Centres agreed to send two consultants to Chisasibi to open a Group Home. They selected the staff, provided the training and developed a programme for problem youth in the James Bay area. L'Etape Reception Centre agreed to act as a back-up for acting out youth and to use the Group Home as a facility to reintegrate Cree youths from L'Etape back into Cree communities.

The Weesapou Group Home was officially opened in Chisasibi last November.

II YOUTH PROTECTION SERVICES

The major activity of this service has been the production of a document entitled "Equality in the difference". This document suggests alternatives in order to overcome the large number of problems we have in implementing the Young Offenders Act and the Youth Protection Act in Cree communities. This document incorporates the suggestions of various groups in all of the eight (8) communities.

Once this document was written by our legal adviser on youth protection with the collaboration of our D.Y.P., it was sent to all the communities for study. And in March of this fiscal year, the D.Y.P., along with the author of the document once again visited the Cree communities to resume the consultation on the issue of youth justice system.

The chiefs and band councillors, school and health committees were met and suggestions were sought. In some communities, general meetings were held and people were consulted on this issue. The consultation tour lasted nearly a month, and there seems to be a general consensus in all the communities: The youth justice system as it is now being applied is ineffective and inefficient and the changes proposed in the document "Equality in the difference" would improve it greatly.

Each band council will be writing resolutions which will underline the modifications they would like to see in the youth justice system.

Naturally, besides the development aforementioned, the Youth Protection Service offered services in all of the Cree communities through the Community Workers who are the D.Y.P.'s delegates. The statistics at the end of this activity report will tell us the number of beneficiaries we have seen and the distribution of the types of services we have offered according to the Y.O.A. and the Y.P.A.

III PROFESSIONAL SERVICES

This department offers a variety of professional services. Since our Community Workers are not specialized in a particular field of intervention as is the case in the south, proper training and supervision are very important.

Unfortunately, this past year, we have been unable to provide the training we would have liked. However, we considerably increased the supervision of the Community Workers. Each Community Worker was individually assessed either by our D.P.S. or by our consultants from V.M.S.S.C.

All the files for the communities of Whapmagoostui and Waswanipi have been reviewed. Our D.P.S. has started to standardize the way the Community Workers fill out the intervention forms of the clients' files, however, since there is such a disparity of training and experience among our Community Workers, it is a long and continuous process. Nevertheless, added training of our workers should help them realize that proper inscription in clients' files are professional tools and not only bureaucratic requirements.

Rapid and ongoing changes in Cree society means that families are not always able to care for family members who are sick or elderly. However, we know from the professional literature that elderly people who are not ill (and even some who are) are better off home rather than in a hospital or in an institution. People who, while sick, do not need regular nursing care may also recover more quickly at home.

Our social services adhere completely to this view-point, hence we have made it our policy. Our homecare services are geared to home maintenance of the sick and the elderly.

During the last year, the number of families served has more than doubled; undoubtedly this has prevented the placement of children. As for the adults and the elderly receiving services, their number has recently tripled. If we are to continue with our policy of home maintenance with regards to services offered it is especially evident that a major increase will be needed in homecare services.

Through the wise use of homecare assistance, we hope to encourage families to care for members of their families at home. In order to do so, however, we must be able, as a department, to provide much more homecare than we have to date, and train some homemakers who can provide teaching or other specialized services.

During this past year, we have assisted a number of families where only one member had a major illness. As an example, we have sent one of our Homecare Workers to Montreal to receive specialized training in delivering services and care to patients going through self-administered home hemodialysis. Without this help, these persons would probably need to be hospitalized.

IV RESOURCES

Our most significant accomplishment for developing resources was the opening of the Weesapou Group Home in Chisasibi.

The mandate of the Weesapou Group Home is to provide open custody, long and short term residential care to the five coastal communities. The Group Home programme is designed to provide treatment for both boys and girls between the ages of twelve to eighteen who have been designated by the Director of Youth Protection under the Young Offenders Act, the Youth Protection Act or Voluntary Measures.

The re-educative components of the Group Home try, as much as possible, to simulate a Cree family environment. Our programme reflects a differential approach to treatment. Our aim is to return the youth as soon as possible to his/her normal environment whether it be home or a foster placement. In order to facilitate this movement each youth has an individual treatment plan.

Our two programmes; a school programme and a bush programme, are both basically geared at improving the youths' self-esteem and confidence.

The young residents of the Group Home also participate in all community activities such as hockey games, tournaments of all kinds, etc. as a group in order to reinforce positive ties between the community and the Group Home, and to support reintegration.

Ten (10) youths were in residential care between the date of the Group Home's opening, on November 3rd, 1985, and the end of the fiscal year, March 31st, 1986.

The Coordinator of the Weesapou Group Home, in collaboration with the Assistant General Manager - Social Services, has asked the Board of Director of the C.B.H.S.S.J.B. to send to the M.H.S.S. two resolutions; the first one being to "designate the C.B.H.S.S.J.B. as a re-education Reception Centre, as authorized by our operating permit". The second one being to designate the Weesapou Group Home as an "open custody group home of the C.B.H.S.S.J.B. re-education Reception Centre".

V NATIVE ALCOHOL AND DRUG ABUSE PROGRAMME

The major accomplishment of this programme for the last fiscal year was the Youth Caravan, that is a travelling community information programme on alcohol and drug abuse oriented, as the name implies, toward youths.

This youth caravan toured seven of the eight Cree communities with shows, games, songs and dance, indicating to young people that it is possible to have healthy fun without consuming drugs and alcohol.

The underlying goal of the programme is to identify youth with community leadership potential, to inform them of the resources available to young community leaders who want to start drug and alcohol abuse prevention programmes in their community through organized activities such as sports, drama, music, etc.

Intensive training sessions were also given to the Community Workers to sensitize them to the problems related to drug and alcohol abuse, and to inform them of the resources available for the treatment of substance abusers.

VI PRIORITIES FOR 1986-87

General Management of Social Services

1. Nativism of Management
2. Change the focus from curative to preventive social services
3. Do functional analysis of resources and programmes for elderly people
4. Develop new programmes for new clientèle, i.e.: Mentally ill people

Youth Protection Services

1. Recognition of Cree customs at the youth protection level
2. The D.Y.P.' participation in the NADAP programme
3. Develop a resource bank for social services aimed at youths

4. Improve the quantity and the quality of services offered by the D.Y.P.

Professional Services

1. Stabilization of staff in all communities
2. Professional supervision for inland communities
3. Re-establishment of training programmes for Community Workers
4. Realize a needs study and consequent increase of homecare services
5. Refinement of Ville-Marie consultation process
6. Participate in the development of a Northern Reception Centre for youths.

Resources

1. Establish a bush camp programme
2. Opening of a Group Home in Mistassini
3. Implementation of treatment groups
4. Start on the development of a closed custody Northern Reception Centre
5. Develop Group Home resources for elderly people

NADAP

1. Develop locally oriented community based prevention programmes
2. Increase training to Community Workers D/A

STATISTICS

1. BENEFICIARIES

	CHILDREN		ADULTS		
	M	F	M	F	TOTAL
a) Beneficiaries registered in active files (as at 01-04-85)	344	253	191	205	993
b) New beneficiaries (1985-86)	99	65	45	52	261
c) Total number of aided beneficiaries/year	443	318	236	257	1,254

2. ACTIVE FILES

	CHILDREN	ADULTS	TOTAL
As at April 1, 1985:	307	125	432
Opening/year:	136	77	213
Closure/year:	54	40	94
As at March 31, 1986:	389	162	551

3. FILES/ACTIVITY CENTRES

	AS AT APRIL 1st 1985	AS AT MARCH 31st 1986
a) Aided children (*) (6401 & 6406)	166	195
b) Adoption (6403)	20	23
c) Aided families (**) (6406)	46	47
d) Aided couples (6414)	34	14
e) Aided adults (***) (6411)	58	72
f) Aided seniors (***) (6412)	9	11
g) School social services (6440)	4	0
h) Hospital social services (6450)	2	2

4. PLACED PERSONS

	AS AT APRIL 1st 1985			AS AT MARCH 31st 1986		
	F.A.	C.A.	TOTAL	F.A.	C.A.	TOTAL
a) Placed children	50	8	58	44	18	62
b) Placed adults and seniors	0	2	2	5	3	8
TOTAL	50	10	60	49	21	70

5. HOME CARE SERVICES

	FAMILIES	ADULTS AND SENIORS
a) As at April 1st, 1985	8	27
b) As at March 31st, 1986	19	76
c) Number of visits/year: 5,117		

6. SERVICE REQUEST/YEAR

Information	719
Technical help	259
Potential clientèle	441
Consultation	1,214
TOTAL	2,633

7. YOUTH PROTECTION

a) Descriptions/year:	
Young Offenders Act	79
Article 38	108
b) Decisions rendered/year:	
Descriptions not kept	9
Voluntary measures (****)	64
Court referrals	30
Other measures or take-over forms	28
c) Aided children as at March 31st, 1986:	
Young Offenders Act	79
Article 38	108
Section 48	45
TOTAL	232

8. OTHER INFORMATIONS

New community projects/year:	4
New resource development projects/year:	0

(*) Includes taking over by the DYP, tutorships and others (placements excluded)
(**) Home care is excluded
(***) Excluding placements and welfare
(****)Voluntary measures equivalent to the take over

ADMINISTRATIVE SERVICES' ACTIVITY REPORT

ADMINISTRATIVE SERVICES' ACTIVITY REPORT

A word from the Assistant General Manager - Administrative Services,

1985-86 can be called the "planning year" for the Administrative Services. Thanks to the outstanding efforts of the managerial staff, we were able to produce a triennial programming of our activities which, if implemented, will provide the Cree Board of Health and Social Services of James Bay with extremely solid support services. Many hours were invested in a collective effort to analyse situations, pinpoint problems and identify solutions, underline smooth operations and focus on ways to keep them that way.

1985-86 was not without its problems, the major one being, again, the turnover of non-resident managerial personnel; within two (2) months, last summer, the Finance and the Human Resources Departments stood without a director. Considering the time required to hire someone at the managerial level, and the period it takes for that new employee to get acquainted with a very complex system, it goes without saying that many projects were delayed and that the normal functioning of the Administrative Services suffered considerable delays.

Nonetheless, we are pleased to point out that major improvements have been achieved:

Integrated professional ambulance services were set up in Waswanipi; after lengthy negotiations with the Regional Board of Health and Social Services of Saguenay-Lac-St-Jean, the Department of Health and Social Affairs, the CEGEP of Chicoutimi, it was possible to organize an ambulance service in Waswanipi and train ten (10) Waswanipi residents in emergency techniques;

Decentralization of part of the Administrative Services towards the inland communities; the distance between the C.B.H.S.S.J.B.'s headquarters and the inland communities of Mistassini, Waswanipi and Nemaska has created frustrations and delays in responding to requests from these communities and the staff in the past. The hiring of an administrative coordinator has brought management closer to the individuals and the organizations having to deal with health and social realities. The end results are already being felt: better coordination between different units, faster response, savings in time and financial resources, more accurate data, etc.

Progress in the data processing file. After analysing ways to equip the C.B.H.S.S.J.B. with new data processing systems, it was decided to purchase $60,000. worth of equipment; for 1986-87, the emphasis will be put on financial and secretarial services. While, for the following years, health services shall be a priority.

There are quite a few challenges still waiting ahead of us; these will be met by improving the quality of management, by insisting on better communications between all services, by finding ways to acquire stability at the level of managerial teams and learning ways to deal with sometimes difficult realities. The "triennial programming" is a guide the Administrative Services intends to use in the future so that these challenges are carried out successfully.

Richard Vézina

HUMAN RESOURCES DEPARTMENT

The highlights of the Human Resources Department for 1985-86 are as follows:

- Hiring of a new Director in March;
- adoption of various policies in regards to recruiting, selection and lodging;
- new evaluation instruments for candidates and employees were elaborated and put to use;
- our candidates bank was rationalized;
- a massive study of the employees' master files was performed, this project led to numerous corrections;
- the Human Resources Department and the Finance Department created a joint committee on "pay".
- communications with various organizations were established (i.e.: Adult Education Services, Canada Manpower, Québec Hospital Association)
- the manpower needs of the Human Resources Department were evaluated; this led to the creation of two new positions: training coordinator and administrative technician.

As regards the turnover rate, the most significant data are:

- Nursing staff in Chisasibi: turnover rate of 35%
- Nursing staff in other communities: turnover rate of 68,7%
- Managerial personnel: turnover rate of 23%
- Non-resident personnel (all categories): turnover rate of 41%

For 1986-87, the focus will be centered on:

- use of data processing systems;
- increase of ratio resident/non-resident employees;
- centralization of recruiting, selection and hiring at the level of the Human Resources Department;

- implementation of a reception and integration policy for new employees;

- implementation of a training and an evaluation policy;

- adoption of a philosophy dealing with the management of the C.B.H.S.S.J.B.'s employees.

AUXILIARY SERVICES

1985-86 has been a very busy year for the Auxiliary Services. Numerous projects were undertaken and carried through, thanks to the high stability of our personnel, and our quest for better communications between services and clarification of roles and mandates was continued. Besides performing their regular duties, the Auxiliary Services 1985-86 highlights are as follows:

I TRANSPORTATION

Rental of new vehicles for Chisasibi, Eastmain, Nemaska, Waswanipi, Mistassini and the Patient Services in Val d'Or;

Implementation of a new policy on transportation for patients and employees travelling between Chisasibi and LG-2;

Implementation of a new job description for the Chisasibi drivers including an emergency course for the ambulance drivers;

Improvement of communications between health staff and drivers through regular meetings.

II MAINTENANCE AND REPAIRS

Renovation of our existing lodging facilities in Chisasibi (exterior painting, new aluminum windows, etc.);

Purchase of household equipment for the transit apartments in Chisasibi;

Construction of two (2) new apartment buildings (22 units) in Chisasibi;

Complete interior renovation of three (3) houses and one (1) 4½ apartment in Chisasibi;

Painting of the exterior of the Nemaska clinic;

Rental and transportation to Nemaska of a new mobile home for the health staff;

Rental of two (2) mobile homes for Waswanipi;

Major repairs of the hospital oxygen system;

Reconstruction of the hospital disposal field;

Finalization of works in the Chisasibi Group Home before the beginning of the Youth Programme;

Conception of job descriptions for the maintenance employees in the communities;

Improvement of procedures related to maintenance requests by employees (in conjunction with the Human Resources Department).

III COMMUNICATIONS

Installation of telecopiers in Chisasibi, Val d'Or (Patient Services), Nemaska, Waswanipi and Mistassini.

IV DIETARY DEPARTMENT

Conception and implementation of a new cafeteria policy for the Chisasibi Hospital.

V HOUSEKEEPING

Conception of job description for the housekeeping employees in the communities.

The Auxiliary Services play a major role to all the other services of the C.B.H.S.S.J.B.; it is our intention to continue in the direction of refining our ways of identifying the needs and of ensuring quick and efficient follow-up.

FINANCE DEPARTMENT

The year 1985-86 once again, represented a very difficult period for the Finance Department. In August, while the position of Assistant to the Director of Finance was still vacant, the Director of Finance himself decided to leave Chisasibi. Within a month, both positions were filled.

Because of the complexity of the C.B.H.'s financial operations and the rapidly growing volume of transactions and data, it took until December before this new team became functional. However, thanks to our experienced staff, normal operations were carried on but in that context, there was hardly any room for development. The emphasis was put on purchasing new data processing equipment to help the employees meet the deadlines and provide the C.B.H.S.S.J.B. with more accurate informations.

By next fall, we hope, the Finance Department employees should be familiar enough with those new tools to make good use of them.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
REVENUES AND EXPENSES
FOR THE YEAR ENDING ON MARCH 31, 1986

	1985-86	1984-85
REVENUES		
Grant from M.H.S.S.	$10 948 741	$ 9 635 726
Patients contribution	24 248	13 947
Activity Centres recoveries	68 030	54 785
Other revenues	455 982	525 032
TOTAL	$11 497 001	$10 229 490
EXPENSES		
Salaries	$ 4 925 035	$ 4 420 620
Fringe benefits	1 257 223	972 724
Other expenses	6 211 383	5 066 603
TOTAL	$12 393 641	$10 459 947
EXCESS OF EXPENSES OVER REVENUES	$ (896 640)	$ (230 457)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

OPERATING FUND
BALANCE SHEET
FOR THE YEAR ENDING ON MARCH 31, 1986

	1985-86	1984-85
ASSETS		
CURRENT ASSETS		
Cash	$ 67 298	$1 122 776
Accounts receivable		
- M.H.S.S.	972 615	1 575 363
- Other	82 706	102 085
Prepaid expenses and inventory	299 385	271 877
Due from other funds	117 914	0
TOTAL	$1 539 918	$3 072 101
LIABILITIES		
Bank loan	$ 0	$ 0
Accounts payable and accrued liabilities	2 246 878	2 572 040
Deferred revenue	27 656	115 978
Due to capital fund	401 543	88 573
Due to other funds	13 152	408 133
TOTAL	$2 689 229	$3 184 724
BALANCE OF FUND (DEFICIT)	$(1 149 311)	$ (112 623)
TOTAL	$1 539 918	$3 072 101

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CAPITAL FUND
BALANCE SHEET
FOR THE YEAR ENDING ON MARCH 31, 1986

	1985-86	1984-85
ASSETS		
CURRENT ASSETS		
Due from operating fund	$ 401 543	$ 88 573
Accounts receivable	67 190	575 975
Total of current assets	$ 468 733	$ 664 548
LONG TERM ASSETS		
Buildings, leasehold improvement	597 325	563 094
Equipment	1 545 028	1 053 853
Deposit on assets	942 096	942 096
Total of long term assets	$3 084 449	$2 559 043
TOTAL	$3 553 182	$3 223 591
LIABILITIES		
Accounts payable	$ 28 421	$ 28 421
BALANCE OF FUND	$3 524 761	$3 195 170
TOTAL	$3 553 182	$3 223 591

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

COMPARATIVE STUDY OF REMUNERATED HOURS

	1985-86		1984-85		
HOURS WORKED	**HOURS**	**$**	**HOURS**	**$**	
Regular time	300 641	$3 558 374	275 313	$3 135 652	
Overtime	14 896	299 511	12 683	217 939	
Premiums	-	1 171 740	-	1 067 029	
TOTAL	315 537	$5 029 625	287 996	$4 420 620	(1)
Increase (decrease) from previous years	9.5%	13.8%	(2.6%)	(3.1%)	
HOURS PAID BUT NOT WORKED					
Sickness	3 172	$ 27 826	3 264	$ 36 406	
Statutory holidays	20 201	234 539	12 538	149 964	
Annual vacation	28 710	371 748	29 453	340 419	
Part-time employee's holidays	6 783	81 328(4)	10 587	100 573	
Employer's part	15 518(3)	570 752	-	345 362	
TOTAL	74 384	$1 286 193	55 842	$ 972 724	(2)
Increase (decrease) from previous years	33.2%	32.2%	(12.3%)	(10.6%)	

(1) $98 009 salaries re: other activities were omitted in the $4 420 620 total in 1984-85. Hours were correctly reported.

(2) $31 334 for other hours paid re: other activities were omitted in the $972 724 total in 1984-85. Hours were correctly reported.

(3) Hours paid in salary insurance, parental leave and union liberation.

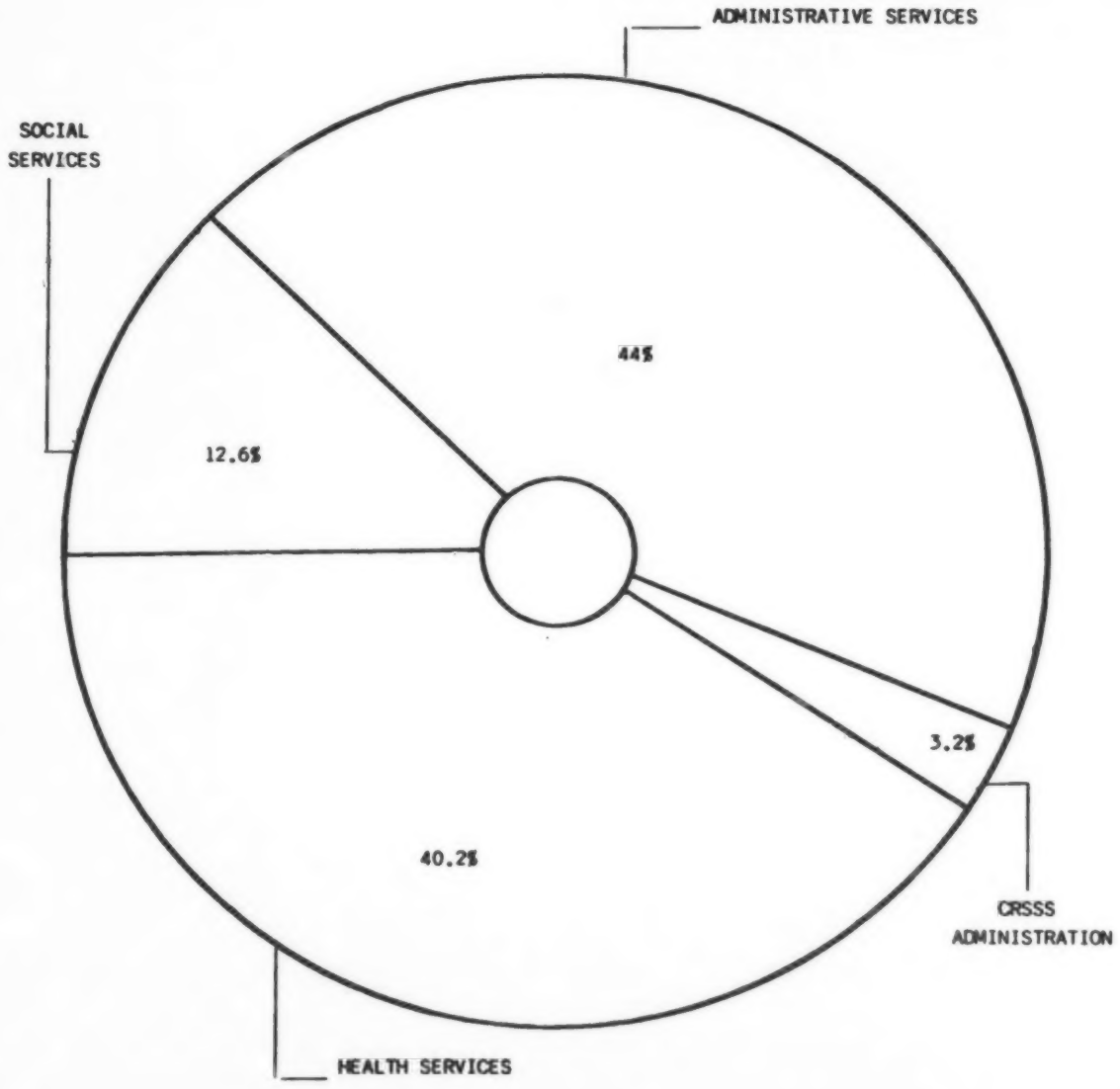
(4) Cost data unavailable - estimated on average hourly rate of all C.H.B. salaries excluding C.B.H.S.S.J.B. administration

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1985-86

BY ACTIVITY SECTOR

TOTAL: $12,799,721



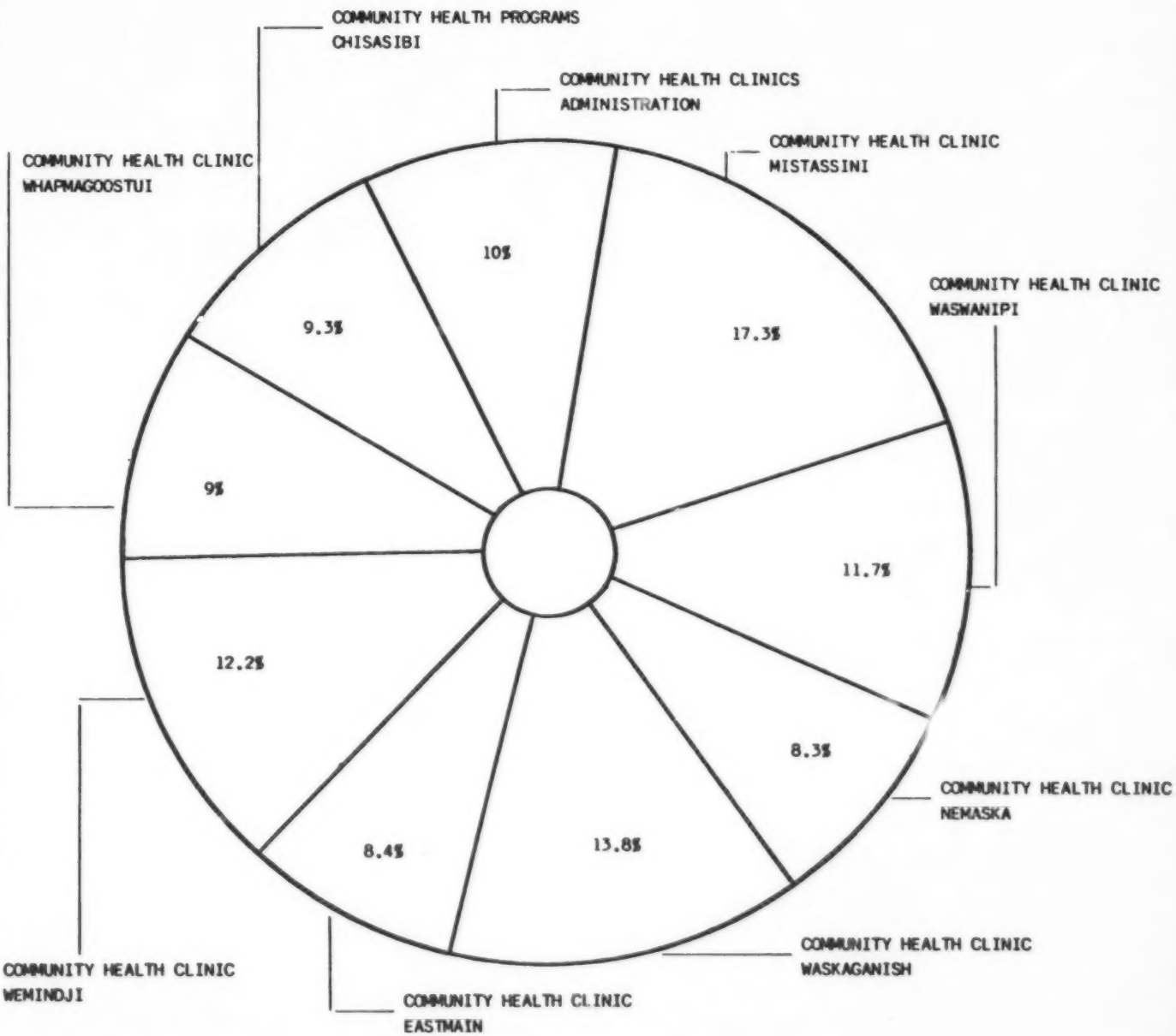
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1985-86

HEALTH SERVICES

COMMUNITY HEALTH CLINICS AND COMMUNITY HEALTH PROGRAMS

TOTAL: $2,421,139



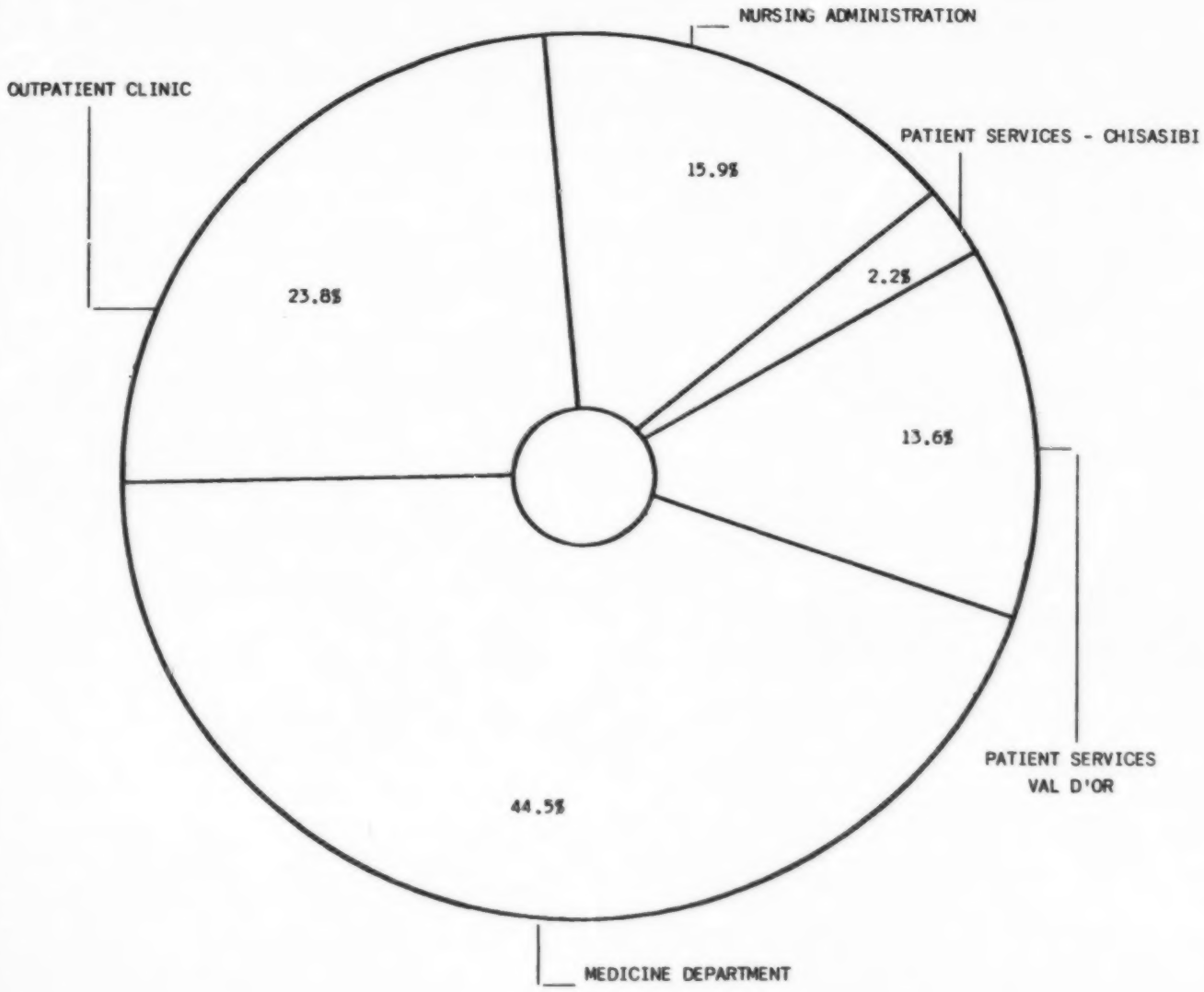
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1985-86

HEALTH SERVICES

NURSING DEPARTMENT AND PATIENT SERVICES

TOTAL: $1,488,064



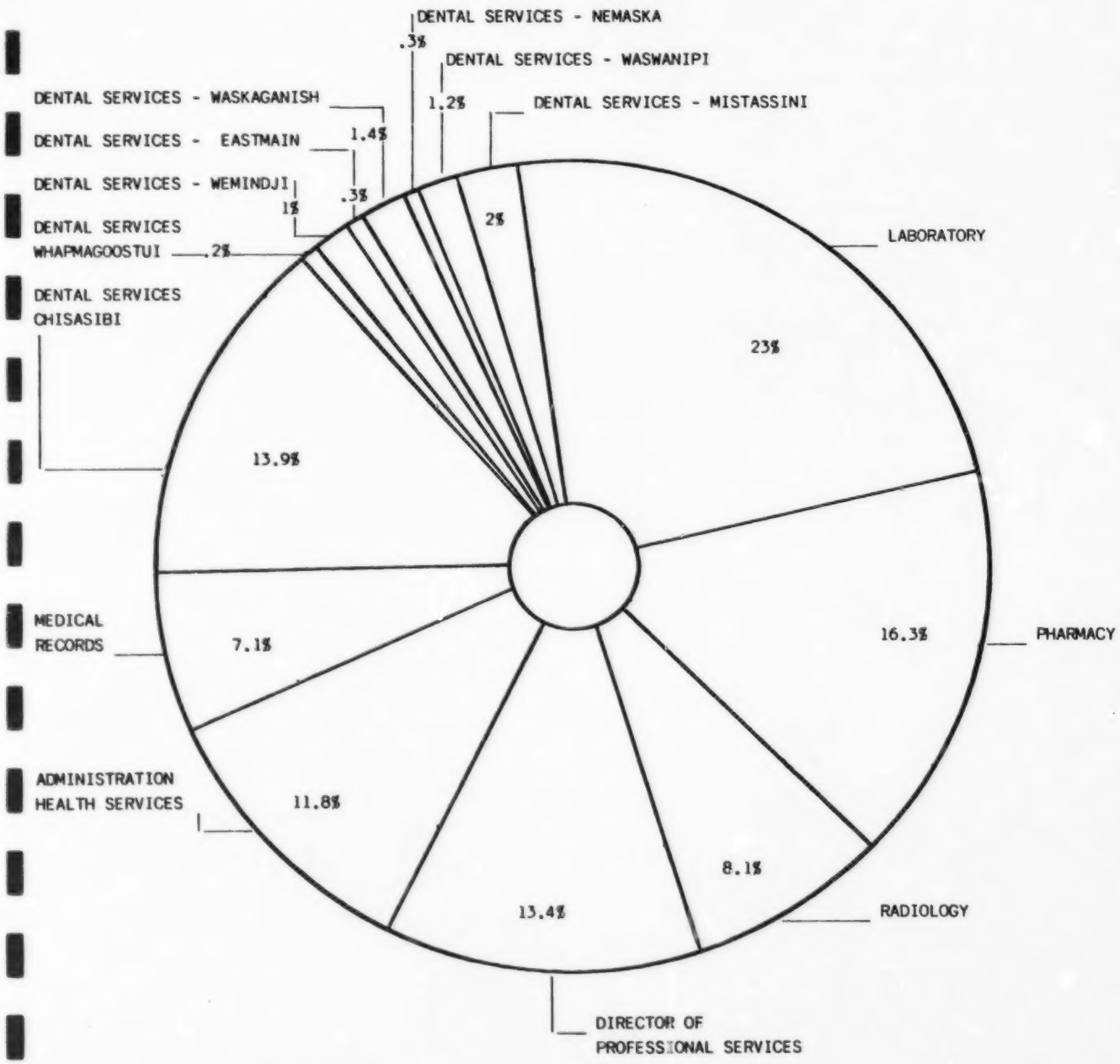
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1985-86

HEALTH SERVICES

PROFESSIONAL SERVICES

TOTAL: $1,237,082

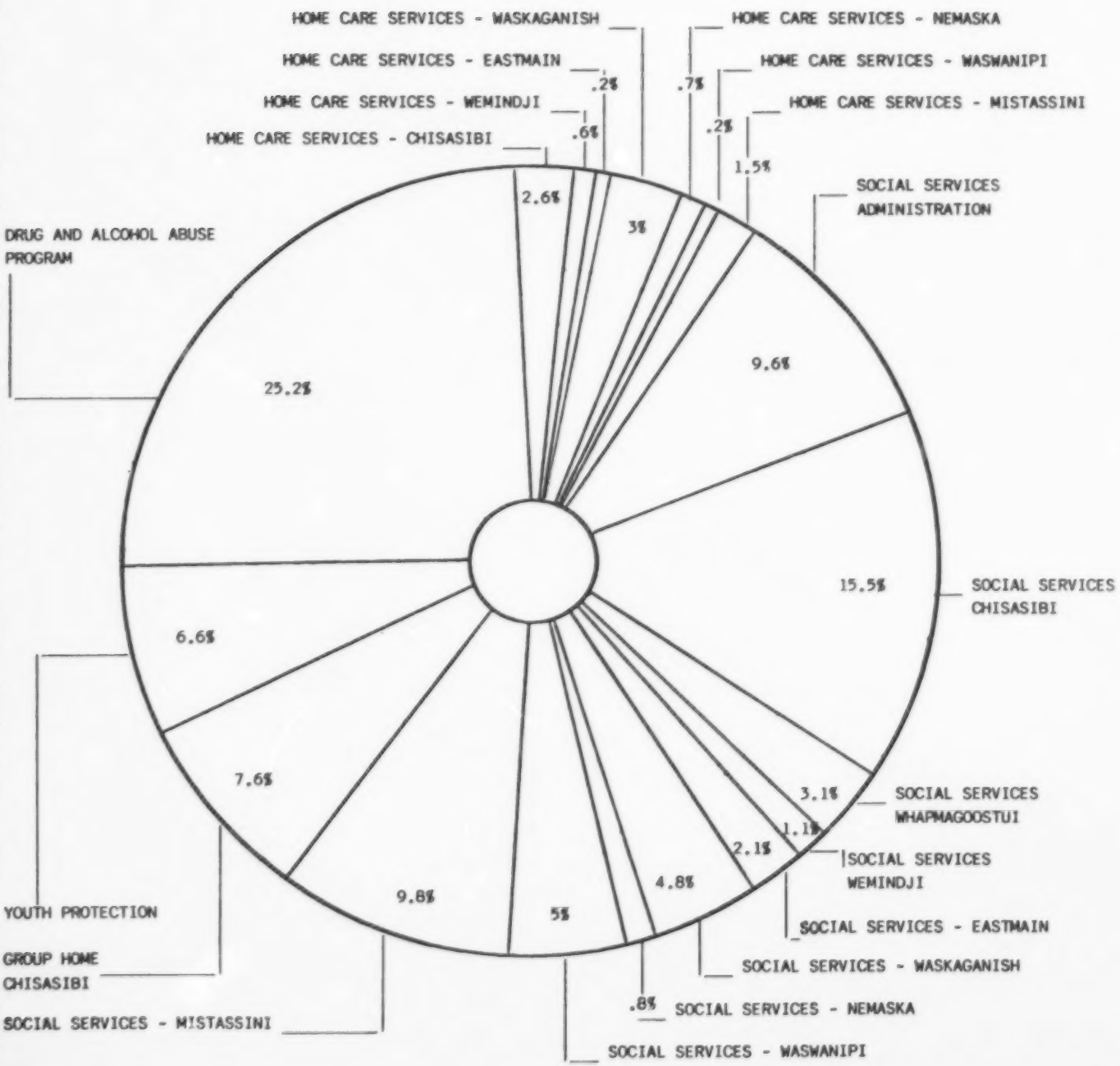


CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1985-86

SOCIAL SERVICES

TOTAL: $1,608,889

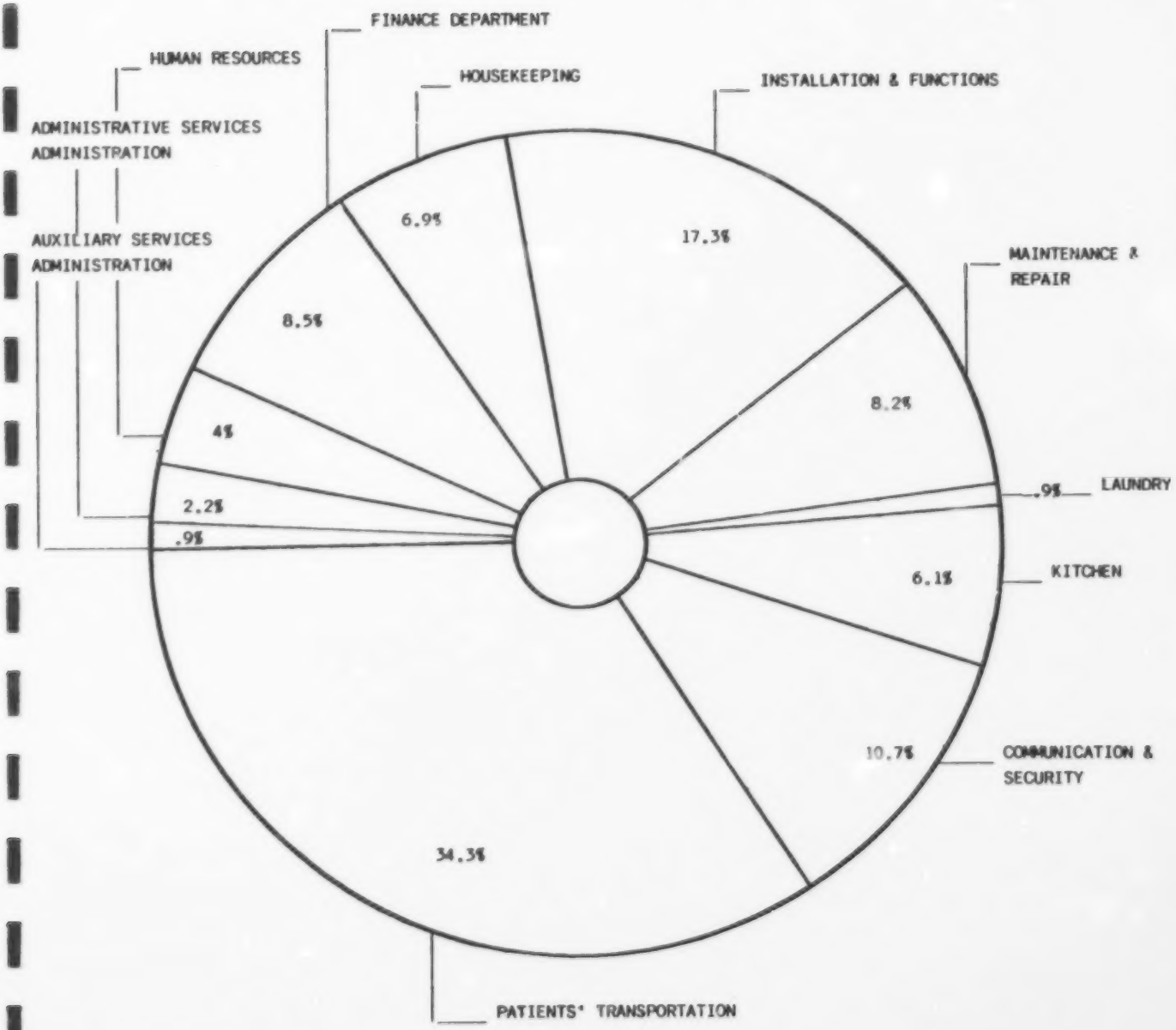


CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

DISTRIBUTION OF EXPENSES 1985-86

ADMINISTRATIVE SERVICES

TOTAL: $5,630,303



The eight (8) communities served by the Cree Board of Health and Social Services of James Bay are:

Les huit (8) communautés desservies par le Conseil Cri de la santé et des services sociaux de la Baie James sont:

Mistassini	ᒥᐢᑎᔨᓂᐠ
Waswanipi	•ᐋ•ᖃᓂᐲᐠ
Great Whale	•ᐋᐱᒧᑯᐢᑐᐠ
Chisasibi	ᒋᖃᔨᐲᐠ
Eastmain	ᐃᔨᒧᓂᐠ
Wemindji	•ᐃᒥᓇᑫᐠ
Waskaganish	•ᐋᐢᑲ‖ᐃᑭᓂᐠ
Nemaska	ᓇᒥᐢᑲᐠ